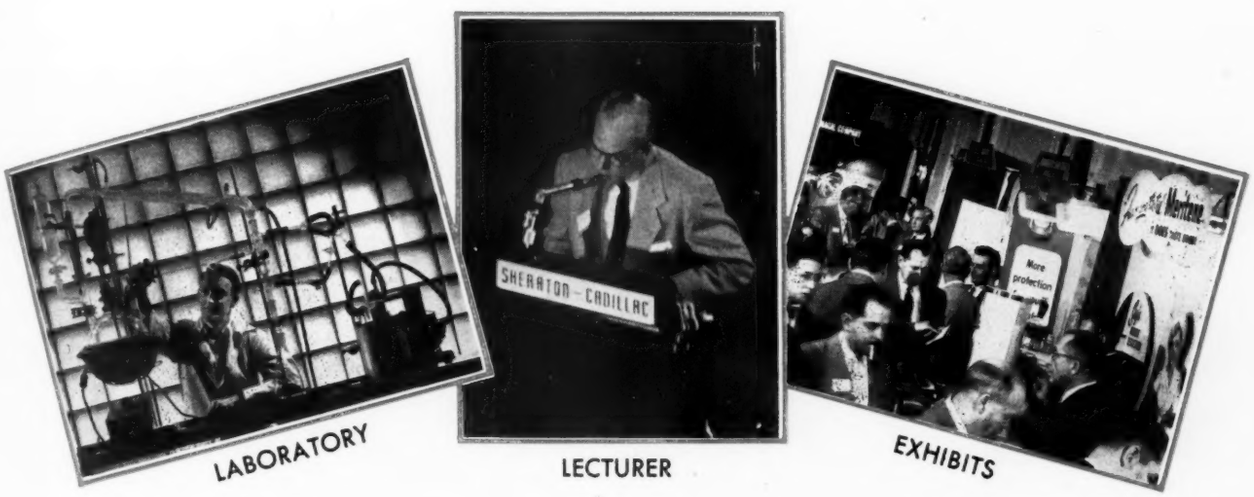
The Journal

of the Michigan State Medical Society

Volume 53 December, 1954 Number 12



M.S.M.S.

WHAT'S NEW, DOCTOR, THAT YOU CAN USE!

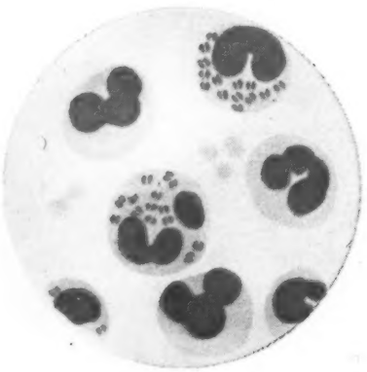
(See Program on Page 1361)

from the literature...

"The value of CHLOROMYCETIN in the treatment of infections due to most bacteria, the pathogenic rickettsiae, and many of the large viruses has now been well established."[1]

in typhoid fever

"Our experience...and many others all show that chloramphenicol [CHLOROMYCETIN] has an established place in the treatment of typhoid fever."[2]



in meningitis

"At the present time chloramphenicol [CHLOROMYCETIN] is recognized as a potent antibiotic whose ease of administration and prompt diffusion into serum and spinal fluid makes it a particularly useful agent in the treatment of many forms of purulent meningitis."[3]

Chloro

(1) Yow, E. M.; Taylor, F. M.; Hirsch, J.; Frankel, R. A., & Carnes, H. E.: *J. Pediat.* **42**:151, 1953. (2) Dodd, K.: *J. Arkansas M. Soc.* **10**:174, 1954. (3) Hanbery, J. W.: *Neurology* **4**:301, 1954. (4) Miller, G.; Hansen, J. E., & Pollock, B. E.: *Am. Heart J.* **47**:453, 1954. (5) Keefer, C. S., in Smith, A., & Wermer, P. L.: Modern Treatment, New York, Paul B. Hoeber, Inc., 1953, p. 65.

THE JOURNAL
of the Michigan State Medical Society

VOLUME 53 DECEMBER, 1954 NUMBER 12

Contributors to This Issue

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M. B. SOFEN, M.D.

Plan to Attend
the
MICHIGAN CLINICAL INSTITUTE
March 9-11, 1955
(Program—Pages 1361-1371)

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THE JOURNAL
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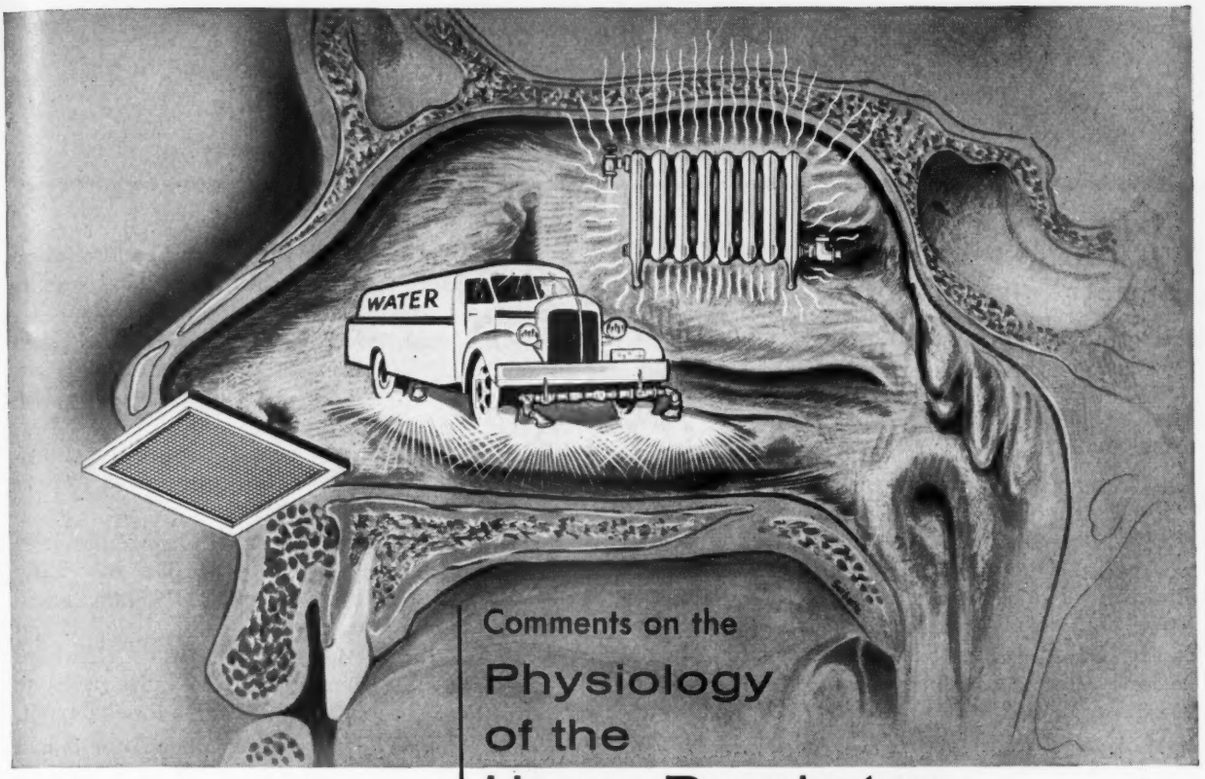
O. J. Johnson, M.D., Bay City.....1955
E. F. Sladek, M.D., Traverse City....1955



Comments on the

Physiology of the Upper Respiratory Tract

THE NASAL CAVITY:

The main functions of the nasal cavity are conditioning and exchanging air between the atmosphere and the lungs, as well as smelling. Gross impurities are removed by the fine nostril hairs, and finer impurities are enveloped in the mucous secretion of the intranasal lining and carried away by ciliary action. The air is warmed to a degree approaching body temperature and humidified. About 500 cc. of air are taken in during an ordinary inspiration, totaling 12,000,000 cc. daily.

In the common cold . . . when hypersecretion and mucosal swelling interfere with the normal aeration pattern, when abnormal mouth breathing is resorted to as a distress measure, relief can be obtained promptly with topical application of Neo-Synephrine hydrochloride. This potent vasoconstrictor is usually well tolerated – produces practically no sting or irritation on application to mucous membranes – even in infants.

You and Your Business

HIGHLIGHTS OF THE EXECUTIVE COMMITTEE OF THE COUNCIL

Meeting of October 20, 1953

Sixty-four items were presented to the Executive Committee of The Council on October 20. Chief in importance were:

- The Committee on Arrangements for the March, 1955, Testimonial Dinner, honoring Michigan M.D.'s who are national medical association presidents, was selected. Committee members will be: Howard Benjamin, M.D., Grand Rapids; R. C. Buerki, M.D., Detroit; L. C. Carter, M.D., Detroit; Douglas Donald, M.D., Detroit; A. C. Furstenberg, M.D., Ann Arbor; Bruce Lockwood, M.D., Detroit; C. I. Owen, M.D., Detroit, J. M. Sheldon, M.D., Ann Arbor, and H. A. Towsley, M.D., Ann Arbor.
- Report was presented on the Michigan Department of Health's Multiphasic Screening Tests and a letter to all Michigan county medical society presidents and secretaries and an editorial to be published in THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, were authorized.
- Committee Reports: The following reports were given consideration: (a) Ethics Committee, meeting of October 1, 1954; (b) Permanent Conference Committee, meeting of October 13, 1954; and (c) Committee Organization, meeting of October 15, 1954.
- President R. H. Baker, M.D., appointed the following to MSMS Committees: H. A. Towsley, M.D., Ann Arbor, Postgraduate Medical Education Committee; Joseph A. Johnston, M.D., Detroit, Rheumatic Fever Control Committee; Charles M. Bell, M.D., Grand Rapids, Maternal Health Committee; J. L. Leach, M.D., Flint, Public Relations Committee; and J. E. Webber, M.D., Grand Rapids, Advisory Committee to the Michigan State Medical Assistants Society.
- President R. H. Baker, M.D., presented tape recordings he made for use of the Michigan Tuberculosis Association in connection with its 1954 Christmas Seal Sale.
- The matter of obtaining reports from University Hospital re patients referred to them was sent to the Committee to meet with University Hospital.
- The policy of the Michigan State Medical Society in regard to military deferment was reaffirmed.
- The proposed program for the 1955 County Secretaries-Public Relations Conference was presented and approved.
- MSMS membership for interns and residents was discussed and letter to county medical society officers was authorized.
- The Chairman of the Industrial Health Committee, O. J. Johnson, M.D., Bay City, was authorized to attend the 1955 Industrial Health Conference in Washington, D. C.
- The matter of inviting the Congress on Industrial Health to hold its 1956 Congress in Detroit was referred to the AMA Delegates.
- President-Elect W. S. Jones, M.D., Menominee; Secretary L. Fernald Foster, M.D., Bay City; Councilor Ralph W. Shook, M.D., Kalamazoo; Speaker J. E. Livesay, M.D., Flint; Legal Counsel J. Joseph Herbert and Public Relations Counsel H. W. Brenneman were authorized to attend the 1955 Michigan Congressional Dinner.
- An operating room nurses conference, coincident with the 1955 Michigan Clinical Institute, was authorized if approved by the nursing associations.
- C. Allen Payne, M.D., Grand Rapids, was appointed General Chairman on Arrangements for the 1955 MSMS Annual Session in Grand Rapids.
- The decision was made that the Heart Bulletin (Published by the Michigan Department of Health at a cost of $1.56 per annual subscription) to be sent to only those MSMS members who have indicated a desire to receive same.
- J. W. Towey, M.D., will be the MSMS representative at the State Sanatarium Commission meeting on November 4.
- Report from G. B. Corneliuson, M.D., re Conference on Physicians and Schools, was read and received with thanks.
- Resolution re Blue Cross-Blue Shield submitted by E. F. Sladek, M.D., Traverse City, was presented and referred to the AMA Delegates.
- The Committee to Study Periodic Health Examinations in Hospitals (as authorized by the 1954 MSMS House of Delegates) was appointed by Council Chairman William Bromme, M.D., as follows: O. B. McGillicuddy, M.D., Lansing, Chairman; L. J. Bailey, M.D., Detroit; E. P. Vary, M.D., Flint; Vergil N. Slee, M.D., Hastings; and Harry Weitz, M.D., Traverse City.
- The Committee to Study Closed Panel Practice (as authorized by The Council, September 26, 1954) was appointed by Council Chairman William Bromme, M.D., as follows: L. W. Hull, M.D., Detroit, Chairman; E. H. Fenton, M.D., Detroit; Fred E. Ludwig, M.D., Port Huron; O. J. Johnson, M.D., Bay City; M. S. Chambers,

(Continued on Page 1304)

HIGHLIGHTS OF THE COUNCIL

(Continued from Page 1302)

M.D., Flint; and G. Thomas Aitken, M.D., Grand Rapids.

- Council Chairman William Bromme, M.D., appointed the following Standing Committees of The Council, MSMS: *Finance Committee:* Ralph W. Shook, M.D., Kalamazoo, Chairman; W. B. Harm, M.D., Detroit; B. M. Harris, M.D., Ypsilanti; H. H. Hiscock, M.D., Flint; W. S. Jones, M.D., Menominee; and G. W. Slagle, M.D., Battle Creek. *Publication Committee:* G. B. Saltonstall, M.D., Charlevoix, Chairman; W. D. Barrett, M.D., Detroit; R. S. Breakey, M.D. Lansing; L. C. Harvie, M.D., Saginaw; W. M. LeFevre, M.D., Muskegon; and T. P. Wickliffe, M.D., Calumet. *County Societies Committee:* D. B. Wiley, M.D., Utica, Chairman; F. H. Drummond, M.D., Kawkawlin; J. D. Miller, M.D., Grand Rapids; B. T. Montgomery, M.D., Sault Ste. Marie; Arch Walls, M.D., Detroit, and H. B. Zemmer, M.D., Lapeer.
- The Committees of The Council for the year 1954-55 were presented by Council Chairman William Bromme, M.D., and approved.
- Doctor Bromme presented the record attendance figures at the 1954 MSMS Annual Session, as follows:

M.D.'s	2,295
Guests	534
Exhibitors	532
Woman's Auxiliary Members	171
Medical Assistants	372
TOTAL	3,904

- The monthly progress report of the Legal Counsel included items re: (a) Au Gres, Michigan D.O. problem; and (b) Questions propounded by State Health Commissioner A. E. Heustis, M.D., re laboratory work for chiropodists; definition of a hospital; and, artificial insemination.
- The monthly reports of the Council Chairman, the President, the President-Elect, Secretary, Editor, Rheumatic Fever Control Co-ordinator, were presented and approved.
- The monthly progress report of the Public Relations Counsel included items re: (a) "Planning Your Career" Motion Picture; (b) AMA Legislative Conference; (c) Motion Picture on Periodic Health Appraisal for M.D.'s; and (d) Requests of Michigan Psychological Association.
- Matters of mutual interest were discussed with A. E. Heustis, M.D., Michigan's Commissioner of Health, including (a) poliomyelitis; (b) anhydrous ammonia; (c) tuberculosis; (d) hospital licensing; (e) synnematin; and (f) premarital law.
- Otto O. Beck, M.D., reported on recent developments in the furnishing of the Beaumont Memorial on Mackinac Island.
- H. Waldo Bird, M.D., and M. H. Marks, M.D., of Detroit, were present and reported on the practice of psychotherapy by lay persons.
- Councilor reports on the condition of the profession in their respective Districts were given.

COURSE IN GERONTOLOGY

The Michigan State Medical Society and University of Michigan announce a course for Doctors of Medicine in "Gerontology: Medicine's Responsibility to Older People" to be given at Ann Arbor, January 13, 14, 15, 1955.

Topics include: Medicine's Responsibility to Older People, What is Aging?, Clinical Problems Associated with Aging, Preventive Geriatrics, The Physician's Role in the Community.

Sponsors are Michigan State Medical Society and University of Michigan, Institute of Industrial Health, Medical School, Division of Gerontology, School of Public Health, and Postgraduate Medicine.

Conference management is under the direction of the Institute of Industrial Health and Postgraduate Medicine.

For program, address letter to the Secretary on Gerontology Course, 1610 University Hospital, Ann Arbor, Michigan.

BLUE SHIELD AND GOVERNMENT INSURANCE

"The American medical profession does not need federal subsidy such as compulsory health insurance or state socialized medicine for the expansion of prepaid care because the mechanism for broader distribution already exists," said L. Howard Schriver, M.D., President of the Blue Shield Commission, at a banquet enrolling the 30 millionth member of Blue Shield.

WORRY MAKES MANY ILL

Worry causes illness in the ratio of one to five among urban patients in Great Britain, the *London Daily Mail* reports. In rural areas, the ratio is one to ten.

Six doctors, quoted by the newspaper, said illnesses caused by worry presented to doctors problems as time and willingness to listen to such patients.

The physicians cite as typical of worry illness:

"The patient with the duodenal ulcer whose pain reappears after a quarrel with his wife; the child stricken by asthma the moment he goes back to school; the headache of frustration and the itching of impotent rage —all these are familiar problems for the physician."—*Philadelphia Medicine,* Sept. 24, 1954.

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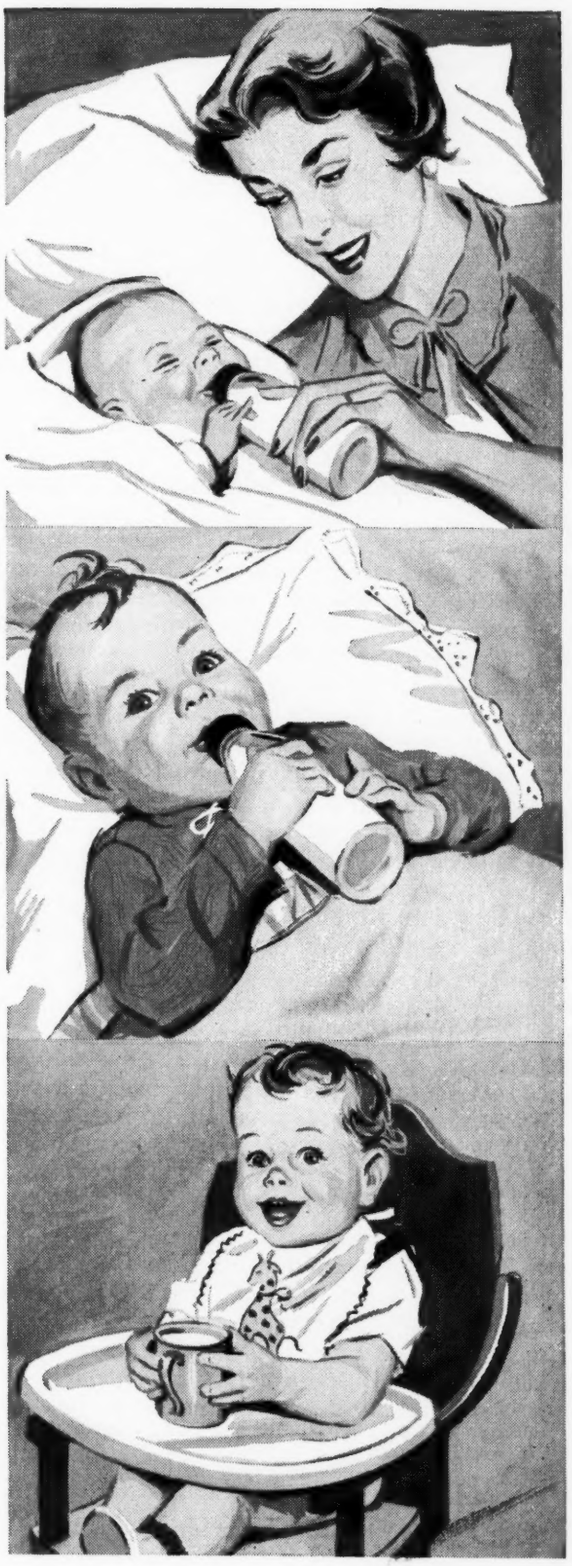

For the newborn

Karo Syrup is a milk additive that is hypoallergenic and bacteria-free. Since it is rich in easily digested dextrose, maltose and dextrins, it provides carbohydrates in directly assimilable form. This minimum demand on the digestive function is important during the first weeks. It makes possible a formula containing 15 calories per ounce even during the period when fat digestion is least efficient.

During the first months

When growth is most rapid, Karo helps to meet the accelerated nutritional demand. It offers in convenient, well tolerated form the carbohydrate additive which is usually prescribed, since milk alone provides just 28% of the optimum 60% carbohydrates. Karo Syrup is also readily available, inexpensive, a miscible liquid that is easy to use. Light and dark Karo are interchangeable in formulas—both yield 60 calories per tablespoon.

For the older infant

Karo eases the transition from formula to whole milk, from liquid to solid foods. The familiar taste of Karo makes whole milk more readily accepted, and many solid foods will be easily introduced into the diet if flavored with a little Karo Syrup. Rapidly assimilable carbohydrate is needed for the rapid metabolism of the small child. Since Karo is low in osmotic pressure, it is non-irritating. It also precludes fermentation because no excess of hydrolized sugars is formed.

Medical Division
CORN PRODUCTS REFINING COMPANY
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Cancer Comment

Report on American Cancer Society Annual Meeting

Prepared by L. E. Holly, M.D., Muskegon, upon recommendation of the Michigan Cancer Co-ordinating Committee.

The regular annual meeting of the American Cancer Society, Incorporated, was held in New York City at the Hotel Roosevelt, October 17, 1954, through October 22. The scientific session was held at the Hotel Biltmore, Monday and Tuesday, October 18 and 19. In attendance were approximately 725 delegates, members, and guests.

The volunteers and lay delegates of the divisions and members of the New York Staff spent Monday and Tuesday in refresher courses held at the headquarters in the Hotel Roosevelt.

Group meetings were held with the members divided into five groups. Among the subjects discussed were new goals in public education, emphasis on the service program of the national organization as well as the professional aspects and the responsibilities of the professional group in the educational program.

Tuesday the divisional delegates, volunteer workers and staff met for panel discussions in the forenoon while in the afternoon Dr. Charles S. Cameron, medical and scientific director and vice president of the American Cancer Society, talked on "Research on the March" with particular reference to the new electronic cell counter. Dr. Cyrus Erickson of the University of Tennessee reviewed results of a citywide screening for cancer of the cervix using the cytological method.

The scientific program was attended by a large number of layman as well as physicians. The banquet hall of the Hotel Biltmore was filled for each of the scientific sessions. This year emphasis was placed on the subject of cancer of the uterus with a critical appraisal of the problem. In former years other specific types of cancer have been discussed.

As in the past, outstanding members of the medical profession in this country and abroad were the discussants at the scientific sessions. Among the professional men were Dr. F. Gagnon of Laval University, Quebec City, and Dr. John Higginson of the South Africa Institute for Medical Research. There appears to be very little difference in the incidence of cancer of the cervix among those who have had children and those who have not had children. There is more cancer among the married women than the non-married. Much emphasis in the discussion was placed upon the matter of penile hygiene, indicating that circumcision in early life not only helps to prevent cancer of the penis but also seems to play a part in the presence or absence of carcinoma of the cervix.

Discussion of laboratory procedures pointed out the fact that the Papanicolaou smear was accurate in ninety-four per cent of all cases of carcinoma of the cervix.

Of definite importance to the medical profession and an important aid in the rapid screening technique of uterine cancer or any other cancer by the cytological method is the development by the American Cancer Society and the Airborne Instruments Laboratory of Mineola, New York, of a cytological analyzer based on cell size and nuclear density. The first model was demonstrated and brought forth a great deal of interest on the part of the medical profession. Definitely more will be heard about this method of rapid smear examination. Use of this instrument will increase the productivity of present staffs by eliminating the obviously normal smears. Patients will be collecting their own specimens as they now are doing in several of the mass survey studies. This should go a long way toward the early detection of cancer of the female genital tract and through early detection comes a greater number of survivals.

A panel discussion of treatment of cancer of the uterus was conducted by Dr. Joseph V. Meigs of the Vincent Memorial Hospital in Boston, Dr. Isadore Lampe of the University of Michigan Medical School, Dr. Juan A. del Regato of the Penrose Cancer Hospital, Colorado Springs, Dr. Alexander Brunschwig of Memorial Hospital, New York City, Dr. Simeon Cantril of the Swedish Hospital, Seattle, Washington, and President-Elect Dr. Howard C. Taylor of Columbia-Presbyterian Medical Center. The consensus of opinion as of now is that slow and steady progress is being made in the salvage of the 20 per cent of stage I carcinoma who fail to respond to treatment. It is still the problem for the gynecologist, the radiobiologist, and the radiologist. High energy radiation seems to offer some slight increase in the salvage rate. The degree of lymph node invasion determines whether or not the case will be controlled. Infection plays a very important role and is a serious complication in all cases of carcinoma of the uterus.

It is of interest to the medical profession that these symposia on cancer conducted at the annual meeting of the American Cancer Society presents the overall picture of the particular cancer under discussion not only from the epidemiological aspects but also from the laboratory diagnosis, the prophylaxis, and early detection as well as definitive treatment. They have been most constructive with international authorities on the subject giving

(Continued on Page 1310)

n record time

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ACHROMYCIN, new broad-spectrum antibiotic, has set an unusual record for rapid acceptance by physicians throughout the country. Within a few months of its introduction, ACHROMYCIN is being widely used in private practice, hospitals and clinics. A number of successful clinical tests have now been completed and are being reported.

ACHROMYCIN has true broad-spectrum activity, effective against Gram-positive and Gram-negative organisms, as well as virus-like and mixed infections.

ACHROMYCIN has notable stability, provides prompt diffusion in body tissues and fluids.

ACHROMYCIN has the advantage of minimal side reactions.

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*REG. U.S. PAT. OFF.

REPORT OF AMERICAN CANCER SOCIETY ANNUAL MEETING

(Continued from Page 1306)

papers and entering into the many panel discussions. Question- and answer-periods were very worth while.

The annual meeting of the members of the corporation was held on Wednesday and Thursday. A detailed report of work of the organization was presented by the executive secretary, Mefford Runyon, and the report of Medical and Scientific Director Dr. Charles S. Cameron was received with much interest.

The President's address was given by Dr. Popma of Idaho. The president-elect, who took office at the annual meeting is Dr. Howard C. Taylor of Columbia-Presbyterian Medical Center, New York City.

The American Cancer Society gave its Annual Award to Dr. Ernest E. Lawrence, Director of the Radiation Laboratory at the University of California.

At the annual meeting Don Johnson of Flint, Michigan, an honorary member of the Michigan State Medical Society, was elected a lay director-at-large and a member of the executive committee. Dr. Harry S. Nelson of Detroit was elected as a professional director-at-large with membership in the executive committee. Dr. Leland E. Holly was elected a professional member of the board of directors from region IV, while Dean Neef of Wayne University was elected as a lay director member to the board. Region IV is comprised of the states of Minnesota, Iowa, Wisconsin, Illinois, Indiana, and Michigan. All directors were elected for a two-year period. This is the first year that the regions have been represented on the national board by regional director members.

At the meeting of the medical and scientific committee, which is composed of all of the professional members of the board of directors, it was announced that the University of Michigan had received four clinical fellowships from the American Cancer Society. Two were renewals and two were new, these are in the departments of medicine, surgery, radiology, and gynecology.

There are now sixty-eight members comprising the board of the American Cancer Society. Of these thirty-four are lay and thirty-four are professional.

Dr. William A. Hyland and Waldo Stoddard represented the Michigan Division as delegates to the annual meeting. Dr. Frank W. Hartman was the professional delegate and Arthur S. Albright a lay delegate from the Southeastern Michigan Division.

PR REPORT

COUNTY MEDICAL SOCIETY public relations activities will get an unusually strong send-off for the new year, following the customary year-end switch of officers in many societies when the 1955 County Secretaries-Public Relations Conference is held on January 30. MSMS services available to county societies in the current 26-point PR program "Winning Friends for Medicine," will be stressed.

The tentative program for the conference will be found elsewhere in this issue. The Sheraton-Cadillac, Detroit, will be the setting.

A PREVIEW OF LEGISLATION pertaining to health and medical practice anticipated in the 1955 Session of the Michigan Legislature will be presented at the January 30 PR Conference. Now's the time, however, to become better acquainted with your representatives and state senators, and to offer the advice and co-operation of doctors of medicine in the home community on measures related to the health and physical welfare of the people of Michigan. A complete list of members of the 1955 Legislature and the current Michigan delegation in Congress will appear in the January Journal.

Washington trends and the outlook for health legislation in the 84th Congress were reviewed in Detroit, November 18, in a meeting between Cyrus Maxwell, M.D., of the AMA Washington office, and a representative group of MSMS members and officers. The background discussed at the meeting will serve as the foundation for MSMS action and policy decisions when the new Congress convenes.

NEWEST MEDICAL TV PROGRAM in Michigan is the 15-minute "live" show at 3:15 P.M. each Thursday over the WKAR-TV, the Michigan State College station in East Lansing which blankets a large portion of Central Michigan. Organized by C. G. Menzies, M.D., director of the hospital and health service at MSC, the program has strong support from members of the Ingham County Medical Society, and deals with many phases of health and medical care. College departments bordering on medical practice and research also aid Dr. Menzies in presenting the weekly show. The program is presented as a segment of the daily "Family Time" feature, with Kay Eyde acting as narrator who interviews Dr. Menzies and his guests.

One of the "men behind the scenes" in several successful MSMS projects was lost when Dale Rooks, of Grand Rapids, died November 19, 1954. Only thirty-seven years old, Mr. Rooks had gained national fame for his unusual and excellent photography. His fine photographs at the 1954 Michigan Clinical Institute (one of the last assignments he was able to fulfill before the discovery of advanced cancer of the lung) caught the mood of the occasion, as did his pictures of earlier Annual Sessions. The pictures will continue to be used in the future.

Mr. Rooks' illustrations in the oft-imitated MSMS recruitment brochure for medical associates, now in its third printing, are good examples of his work. He started as a photographer on the *Muskegon Chronicle*, moved to metropolitan dailies and *Look* magazine before establishing his own studio. During World War II, he was a Navy combat photographer.

THE NEW BEAUMONT MEMORIAL in Mackinac Island State Park, may draw 10,000 or more visitors each summer, as the popularity of the beautiful island grows, and as more travelers are drawn to the Northern and Upper Michigan area by completion of the Mackinac Straits bridge. That is the estimate of the men in MSMS closest to the Beaumont Memorial, presented to the people of Michigan by the medical profession last summer. In the short 1954 season—from the dedication July 17 to September 7—the memorial attracted 3,999 visitors.

PROBLEMS OF AGING

Problems of aging have been ignored completely by our medical schools as well as by organized medicine. The potentials for living longer should be explored. Maintenance of health, vitality and high motivation of senior citizens is a major challenge to medical science. EDWARD L. BORTZ, *Past-President, A.M.A., Philadelphia Med.*, Oct. 8, 1954.

AMA Washington Letter

THIS MONTH IN WASHINGTON

With the change in control of Congress, there naturally will be a major reshuffling of all committees, including those handling medical and health legislation. A new chairman moves to the top, and at the bottom a few Republican members drop off, to be replaced by an equal number of Democrats. In a Congress so evenly divided, domination of this committee machinery is a vital asset.

A majority of the Democrats taking over committee chairmanships in January will be returning to the same jobs they held when their party was in power before, but the situation is a little different on the two committees most important in health and medical legislation. It will be the first time either of these chairmen has had the responsibility of running the full committee, although both have been involved in medical legislation for many years. Both are veteran legislators and are Southerners. They are Senator Lester Hill of Alabama, who replaces Senator H. Alexander Smith of New Jersey as chairman of the Labor and Welfare Committee, and Rep. Percy Priest of Tennessee, who succeeds Chairman Charles Wolverton, also of New Jersey, on the Interstate and Foreign Commerce Committee.

By reason of seniority, Senator James Murray of Montana is in line for the Labor and Welfare Committee chairmanship. However, he has announced that he prefers to run the Interior and Insular Affairs Committee, thus turning over the other chairmanship to Senator Hill. Senator Murray, as a sponsor of national compulsory health insurance, and as a chairman and member of its committee that held such turbulent hearings on this subject, became well known to the medical profession.

Senator Hill, the son of a physician, has been in Congress for thirty years—fourteen in the House before he came to the Senate. He was a co-sponsor of the Hill-Burton hospital construction program, perhaps the most important piece of medical legislation enacted since World War II.

Presumably the Senate committee's Health Subcommittee again will be headed by Senator Herbert Lehman of New York, who handled this task during the last Democratic Congress, the 82nd. Last session the Health Subcommittee chairman was Senator William Purtell of Connecticut.

Priest is a former school teacher and newspaperman. He has been in the House for seven uninterrupted terms. In 1951 he was chairman of the Commerce Committee's Health Subcommittee; the subcommittee system was abolished by the committee in 1952. Since then he has taken an extremely active part in committee work in the health and medical fields.

The Hill and Priest committees will handle most health legislation with the exception of military, veteran and appropriation bills. For example, they will be in charge of resinsurance if it is reintroduced, as well as most health-medical bills originating in the Department of Health, Education and Welfare.

A number of other committee changes of importance to medical legislation are scheduled. Rep. Edith Nourse Rogers of Massachusetts, a veteran of 29 years in the House, loses the chairmanship of the Veterans Affairs Committee. She is being succeeded by Rep. Olin Teague of Texas, who was elected to Congress for the first time while he was completing his six-year Army duty in 1946.

The House Appropriations Committee chairmanship goes from Rep. John Taber of New York to Rep. Clarence Cannon of Missouri; both have the reputation of being economy-minded. Of considerable significance in medical appropriations is the change in the chairmanship of the subcommittee that handles money for the Department of Health, Education and Welfare. The chairman for the last two years, Rep. Fred Busbey of Illinois, carefully scrutinized all health appropriations, and effected many reductions. He was defeated for re-election. The prospective chairman of the subcommittee, Rep. John Fogarty of Rhode Island, repeatedly has intervened in the committee and on the House floor to restore money cut out by the subcommittee.

Chairman of the Armed Forces Committee in the Senate—where medical care for military dependents would be taken up—will be Senator Richard B. Russell of Georgia, replacing Senator Leverett Saltonstall of Massachusetts. On the House side, the Armed Forces chairmanship goes to the veteran Rep. Carl Vinson, also of Georgia. He replaces Rep. Dewey Short of Missouri.

Any bills proposing reorganization of the executive departments will come before Chairman John L. McClellan of Arkansas in the Senate and Rep. William L. Dawson of Illinois in the House. They are succeeding Senator Joseph R. McCarthy of Wisconsin and Rep. Clare E. Hoffman of Michigan.

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Editorial Opinion

A RESPECTED MAN

The Knights of Columbus performed a fine service Wednesday night when they held a special dinner to honor Dr. Thomas E. Hackett.

The Knights said, "Thank you," on behalf of the entire community to one of the fine, venerable physicians who, during all of his long and useful life, has lived up to the great traditions of the medical profession.

Dr. Hackett is typical of those physicians who are dedicated to the belief that people in trouble should have help no matter what time of day or night it might be. When the call comes he responds, even though it means getting out of bed after a tiring day or breaking into a pleasant social evening. He probably would have walked out on his own testimonial dinner if his services had been needed.

His type of dedication to service is something that some of the younger members of the profession seem to lack—or perhaps their schools fail to instill in them the spirit of men like Dr. Hackett.

In recent weeks Jackson has seen two examples of the results of the deterioration of the traditions which are respected by Dr. Hackett and his contemporaries. A Jackson man died in the jail at Mason after a doctor failed to come and examine him when called. Another resident of the city died of a heart attack in a tourist court at Louisville, Kentucky. Five doctors were called to treat him, but none came.

The men who are following in the footsteps of Dr. Hackett and others of his years would do well to hold him up as a model of service to humanity.

And we are glad to see that the Knights of Columbus saw fit to tell Dr. Hackett just how much the community respects him.—*Jackson Citizen Patriot,* October 29, 1954.

STUDENTS VISIT RESEARCH LABORATORIES

A group of senior students from the University of Michigan Medical school visited Eli Lilly and Company November 3-6.

While guests of the company, they inspected the Lilly Research Laboratories and toured pharmaceutical, biological, and antibiotic production facilities.

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Enzymes in the Mechanism of Inflammation in the Rheumatic Disorders

By Earl A. Peterman, M.D.
Detroit, Michigan

ENZYMES are biological substances which add vitality to the otherwise rather inert chemical compounds forming all living matter. They are the sparks which kindle the reactions characteristic of life. In their presence, otherwise inert and stable biochemical compounds undergo oxidations, reductions, condensations, hydrolyses and syntheses with rapidity and ease. Most of these reactions take place inside the cell, which in reality is a tiny but orderly chemical factory with specialized activities taking place simultaneously in various parts. Just as the cell is the chemical workshop, the enzymes are the chemical workers, while the hormones are the overseers who order the job done, but take no part in its execution.

It can now be demonstrated that at least two groups of enzymes play important parts in the development of incipient rheumatic disease. The first group comprises the thromboplastins, which are found in every cell in the body, as well as free in the extracellular fluid and the circulating plasma. These substances are phospholipoproteins —composed of complex molecules whose exact chemical constitution is unknown. The cells of each tissue in the body appear to have a thromboplastin in part peculiar to the metabolic needs of that tissue.

The second group of enzymes are glycoproteins, comprising the hexose polysaccharide sulfate esters which are closely related to and probably identical with the sulfuric acid esters of the glycoproteins which form the heparin spectrum. First isolated from the liver by McLean[16] in 1916, this mixture of esters was later given the name "heparin" by Howell and Holt.[10] Chemically, these substances are known to be constructed in chain fashion with molecules of glucuronic acid alternating with molecules of glucosamine, but wide variation in the length of the chain has frustrated every attempt to isolate a single ester for purposes of standardization.

Observations on the mechanisms involved in the genesis of the inflammatory process of rheumatic disorders indicates that rheumatic disease finds its origin primarily in disordered enzyme functions.

A Working Concept

Enzymology is the only remaining field as yet unexplored in the etiology of rheumatic disease. In recent years, evaluation of the hormones, cortisone and corticotropin, has led to the conclusion that they take little or no part in the actual pathogenesis of rheumatic disease. They do appear to have some value in treatment, probably because, as rheumatic disease progresses, certain relative hormonal deficiencies develop.

Prior to evaluation of the hormones, the vitamins were studied extensively. Vitamin D especially was used in large amounts, with apparently good results in some cases and with disastrous results in others. The treatment of rheumatic disease with large quantities of vitamin D, is now generally not accepted. During this

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As used in this study protamine sulfate, trypsin, hexose polysaccharide sulfate esters as "Polyheparin" and thromboplastin as "Thromboplex" were supplied by Drug Industries Co., Detroit, Michigan.

same period, the allergenic theory gained the height of its prominence. According to this concept, susceptible tissues are rendered hypersensitive by some antigen, such as the protein fraction of bacteria, and these tissues then react to any subsequent stimulus by an allergic inflammatory response. In reality, then, the allergenic theory was an outgrowth of the theory of infectious etiology. Even today, many competent observers hold widely divergent opinions as to the possible role of allergy in the pathogenesis of rheumatic disorders.[14]

Infections in the etiology of rheumatic disease held the attention of investigators longer than any other concept. Since the advent of the sulfa drugs, the antihistamines and the antibiotics, it has become increasingly apparent that the type of inflammation seen in these disorders is not primarily allergic or bacterial in origin. It is true that rheumatic disease in the majority of cases appears to have bacterial and allergic etiologic components, but the best evidence of late gives these factors a secondary role. At some time in its course, practically every case of rheumatic disease is complicated by superimposed bacterial infection which enhances the underlying pathology; nevertheless, infection is properly viewed as a precipitating or aggravating factor rather than as the primary cause.

Widespread use of antibiotics has eliminated the last vestige of the theory that infection causes rheumatic disease. It is now clear that infections only aggravate rather than cause clinical rheumatic disease in patients whose underlying rheumatic state is already well advanced. There is abundant evidence that no significant difference exists between the incidence of focal infection in rheumatic patients and that of patients without rheumatic affections.[2] Chronic foci of infection are often seen in large groups of patients without rheumatic troubles, and likewise many patients affected with one of the rheumatic disorders show no evidence of a focus of infection. Removal of teeth and tonsils in rheumatoid arthritics, regardless of whether or not there is clear-cut evidence of septic pockets, is not usually accompanied by significant improvement in the condition of the patient's arthritis. A growing volume of literature, however, shows that control of infection with sulfa drugs and antibiotics reduces the severity of attacks of rheumatic disease. The progress of the disease is thus markedly retarded but it is not brought to a complete standstill. Even though infections and allergies are completely controlled and other factors adjusted, such as a relative deficiency of vitamins and hormones, the basic rheumatic disorder may still continue in the form of active carditis, joint and neuromuscular involvement.

The basic rheumatic lesion then is intrinsic and can develop without any outside help whatsoever. It is metabolic in origin and therefore not primarily affected by the antibiotics, sulfa drugs or antihistamines. It can now be demonstrated that this intrinsic inflammatory process in the connective tissues is a physiologic reaction generated by the excessive and devastating withdrawal of enzymes from the tissues, and that the reaction can be specifically reversed by replacement therapy with homologous enzymes of the thromboplastin group (Case 1, Fig. 3).

It can further be demonstrated that, while the clinical lesion is produced by a thromboplastin deficiency, the depleting agent appears to be heparinoid toxin. Neutralizing this toxin with protamine sulfate will also reverse the physiologic inflammatory reaction because, in the absence of the poison, the thromboplastin recovers spontaneously (Case 5, Fig. 7).

In addition to these two defects in rheumatic disease, a deficiency of normal heparins (hexose polysaccharide sulfate esters) can be demonstrated.[19] Replacement therapy with these substances, which act as enzymes, may reverse the basic disease process because their admistration not only suppresses the physiologic stimulus for the production of normal heparins within the body but also the formation of their toxic homologue, heparinoid toxin, thereby allowing the natural thromboplastin mechanism to recover (Case 3, Fig. 5).

While the enzyme mechanisms in the inflammatory process of incipient rheumatic disease can be demonstrated in still other ways, the above examples serve to emphasize the three main factors involved: (1) a deficiency in the thromboplastin mechanism, (2) the production and accumulation of heparinoid toxin, and (3) a deficiency in the hexose polysaccharide sulfate esters (heparins). These observations support the view that rheumatic disorders take origin from an intrinsic error in the biosynthesis and metabolism of the hexose polysaccharide sulfate esters. This defect may be somewhat analogous to the intrinsic error in the metab-

olism of purines and the biogenesis of uric acid in gout.

The heparin spectrum is composed of many hexose polysaccharide sulfate esters, each varying from the other in the length of the chemical chain. There is definite evidence in rheumatic disease of the formation of abnormal heparin-like esters which are toxic rather than physiologic, and, at the same time, a deficiency of the normal physiologic forms.[19] The toxic esters simulate their physiologic counterparts in their ability and strong tendency to inactivate thromboplastin. Being toxic, they are not consumed physiologically; hence they accumulate and deplete the thromboplastin mechanism. The intrinsic error in the formation of the normal esters may be a simple primary deficiency which acts as a physiologic stimulus for the formation of the toxic variety. Regardless of the mechanism, the toxic ester, according to our observations, is the substance responsible for depletion of the thromboplastin mechanism. These observations also show that the chain of events in the etiologic, metabolic triad is first a deficiency of normal heparin esters associated with an accumulation of heparinoid toxins, and finally exhaustion of the thromboplastin reservoir of the body.

As previously indicated, the exact chemical configuration of natural heparin remains uncertain. Heparin is a complex mixture of the esters of glucuronic acid and glucosamine linked in chain fashion in tetrasaccharide groups. The chain length is subject to considerable variation but viscosity data suggest it rarely if ever exceeds 200 anhydrohexose units,[28] a length sufficient to permit considerable latitude for variation.

Heparin esters are not confined to the animal kingdom; they are also distributed rather widely throughout the plant world. Although too toxic for medicinal use, the plant esters share with heparin the basic feature of anticoagulant action by virtue of their ability to inactivate thromboplastin. The existence of such esters among plants makes it easier to comprehend how heparinoid toxins can at times occur in animal metabolism.

The demonstration that heparin functions as an enzyme as well as an anticoagulant was first made in 1952 by Morrione.[17] By electron microscopy, he showed the action of heparin in reconstituting collagen fibers, indistinguishable from the original, in a solution of collagen derived from connective tissue of the rat's tail. The reconstituted fibers resembled the normal variety even in their pattern of cross striations. Whether heparin functions only as a catalyst in the observations herein described, is not entirely proven, but certainly the magnitude of the biochemical reaction noted from such small amounts of the substance argues against its entering into these biological processes stoichiometrically,

The Etiologic Triad

Recent studies[18,19,20] indicate that three factors are combined in the fundamental pathogenesis of the rheumatic disorders: (1) an insufficiency in the thromboplastin mechanism, (2) the presence of heparinoid toxin, and (3) a deficiency in the hexose polysaccharide sulfate esters.

1. *Insufficiency in the thromboplastin mechanism.*—Thromboplastin is a ubiquitous enzyme in the body. It is found in the cells, tissue fluids and in the circulating plasma. In the cells, this enzyme or group of enzymes actively participates in intracellular metabolism while, in the plasma, it aids in the homeostatic regulation of blood coagulation. At the same time, an active metabolic exchange is maintained between extracellular and intracellular thromboplastin. The normal equilibrium of each of these functions of thromboplastin is greatly disturbed in rheumatic disorders by the destructive action of a heparin-like toxin, the presence of which has been previously demonstrated.[19] The heparinoid toxin threatens the integrity of normal clotting time by its inactivation of circulating thromboplastin. Plasma fibrinogen increases as a compensatory measure to protect and maintain the life-saving mechanism of normal clotting. At the same time, the decrease in circulating thromboplastin upsets the normal equilibrium between its extracellular and intracellular concentrations. In the presence of this negative balance, thromboplastin is withdrawn from its intracellular depots. The vital metabolic functions of the cells are thereby placed in jeopardy and there ensues among the cells a metabolic struggle for survival. This is the fundamental, intrinsic inflammatory reaction characterizing the presence of rheumatic disease. It may exist in all degrees of intensity probably because the rate of metabolic exchange of thromboplastin varies from time to time and from one connective tissue to another.

2. *Presence of heparinoid toxin.*—A characteristic part of the rheumatic disease process is a marked increase in the plasma fibrinogen level.

Administration of protamine sulfate reduces this hyperfibrinogenemia. This fact strongly indicated that some member of the heparin family, with which protamine reacts most readily, in some manner caused the increased fibrinogenemia. Testing this theory, our studies[18,19] showed that the etiologic agent in the production of hyperfibrinogenemia rather than being normal heparin was a heparin-like substance which was toxic and incapable of participating in normal body physiology. Being toxic and nonphysiologic, it tends to accumulate and, because it bears the strong antithromboplastic qualities inherent in members of the heparin group of substances, it acts continually to deplete the thromboplastin mechanism.

3. *Deficiency of physiologic heparins (hexose polysaccharide sulfate esters).*—Studies with physiologic hexose polysaccharide sulfate esters showed them not to be implicated directly in the production of the hyperfibrinogenemia characteristic of rheumatic disorders. On the contrary, these esters of the heparin spectrum showed a marked tendency to reduce the fibrinogen level which had been elevated by rheumatic disease. It thus appeared that an actual deficiency of heparin esters might be the primary defect responsible for initiating the disease syndrome. Interpretation of the data further indicated that one and the same intrinsic error in the biogenesis of heparins accounted for the presence of an associated heparinoid toxin either simultaneously or as a direct result of the normal heparin lack. Replacement of the heparin deficiency by exogenous heparin reduces the fibrinogen level[19] previously elevated by disease (Case 3, Fig. 5). This fact suggests that exogenous heparin retards the production of endogenous heparin and, at the same time, abolishes the synthesis of heparinoid toxins. Once production of heparinoid toxin is halted, the thromboplastin mechanism recovers spontaneously, as shown by the return of the plasma fibrinogen to normal levels.

The physiologic sequence of events apparently begins with a single defect which is thought to be an intrinsic error in the biogenesis of hexose polysaccharide sulfate esters. This error gives rise to a deficiency of these substances and also to the production of heparinoid toxin which in turn depletes the thromboplastin mechanism, thus completing the etiologic triad.

The Plasma Fibrinogen Level as a Measure of Rheumatic Disease Activity

Progress in the scientific analysis of rheumatic disorders requires a reliable method of measuring some characteristic portion of the disease process. Until recently, the erythrocyte sedimentation rate served more or less empirically in this capacity, under the misconception that infection, either evident or occult, played a conspicuous role in the pathogenesis of rheumatic disease.

Since Westergren's[27] original work in 1921, which showed that erythrocytes settled at an increased rate in pulmonary tuberculosis, the sedimentation rate has been employed extensively in clinical practice. As long as rheumatic disease was considered to be of infectious origin, it was logical to regard the sedimentation rate as an important index of rheumatic activity. In recent years, however, effective control of infection has provided overwhelming evidence that rheumatic disease can, and usually does, continue after the infection has been stamped out and in many cases a normal sedimentation rate re-established. Many investigators have failed to link the rate of sedimentation with anything more than plasma viscosity and the ability to produce rouleaux formation, with the rate of settling primarily dependent on the size of the red cell aggregates. Although empiric determination of this rate has a value established in clinical experience, as an indicator of the presence of infection, investigators have been unable to correlate it with any other factor associated with rheumatic disease. For these reasons, the sedimentation rate cannot be considered a reliable measure of rheumatic activity.

On the other hand, an elevated plasma fibrinogen level is associated with rheumatic disease regardless of the presence or absence of infection. Determination[23] of fibrinogen furnishes an indirect measure of the functional capacity of the thromboplastin mechanism. Since a deficiency of thromboplastin is an early etiologic event, the measurement of fibrinogen furnishes an indirect but remarkably valuable index of the disease process almost from the beginning. It is true that this criterion mirrors but a portion of the disease process but, in so doing, it adds greatly to the scientific analysis of the disease as a whole.

In the process of blood coagulation, plasma fibrinogen is the main target for the action of thromboplastin as illustrated in Figure 1. The

maintenance of normal clotting time is a life-preserving mechanism constantly guarded by the natural balance between fibrinogen and thromboplastin. Anything affecting the efficacy of the thromboplastin mechanism in its ability to convert fibrinogen to fibrin is immediately registered by a shift in the plasma fibrinogen level. Interference with the normal balance of thromboplastin results in immediate and commensurate elevation of the level of fibrinogen to compensate for the compromised ability of thromboplastin to maintain a normal blood clotting time. Conversely, support rendered a weakened thromboplastin mechanism will immediately bring the level of plasma fibrinogen down. This homeostatic mechanism is illustrated in Figure 2.

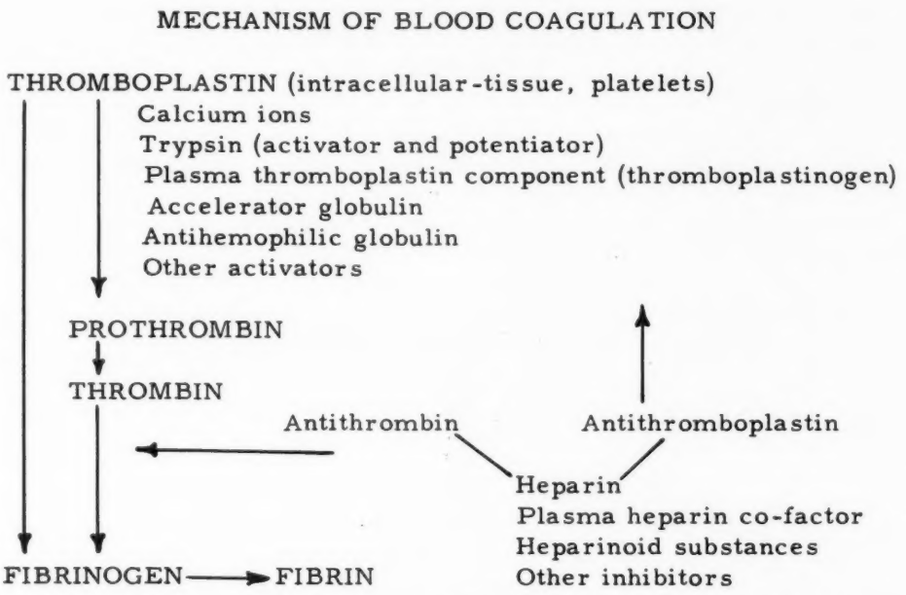

Fig. 1. Fibrinogen is the main target for the action of the very complex thromboplastin mechanism in the process of blood coagulation.

Many substances are now known to be capable of causing shifts in the plasma fibrinogen level because of their action on the thromboplastin mechanism. The natural anticoagulants, the hexose polysaccharide sulfate esters comprising the heparin spectrum, play an important part in homeostatic regulation of coagulation of the blood. Being natural anti-thromboplastins, these substances, when they accumulate in more than physiologic amounts, depress the thromboplastin mechanism, and this decline in turn stimulates a compensatory rise in the level of plasma fibrinogen—just enough to maintain normal clotting time. When excessive amounts of natural heparin esters are injected repeatedly into the blood, the thromboplastin is eventually completely exhausted and, although the fibrinogen level climbs to great heights, it can no longer maintain normal clotting time, with the result that a hemorrhagic state ensues.[21]

The homeostasis of blood coagulation is also affected by other biological substances such as protamine sulfate. This substance, when administered in sufficient quantities, is known to inactivate thromboplastin. It carries the heaviest positive charge of any known biological substance and, since the hexose polysaccharide sulfate esters carry the heaviest negative charge, protamine sulfate will selectively react with heparin in preference to thromboplastin. Once the heparin esters are neutralized, protamine sulfate will attack thromboplastin, weakening its mechanism and instigating the compensatory rise in the level of plasma fibrinogen. The reciprocal shift in the levels of these two enzymes however succeeds in maintaining normal clotting time until the thromboplastin mechanism is completely nullified by the protamine sulfate when a hemorrhagic state supervenes.

Dicumarol influences blood clotting by virtue of its effect on a portion of the thromboplastin mechanism. Rather than attacking thromboplastin directly, dicumarol weakens its normal mechanism by inactivating vitamin K, a substance necessary to the formation of prothrombin. Even though

the cause of imbalance differs from that of the preceding example, the effect is similar in that fibrinogen rises to compensate for the depression of thromboplastin. Continued administration of diversed by adequate administration of homologous thromboplastin. Later in the disease, it becomes necessary to control the other factors in the etiologic triad as well.

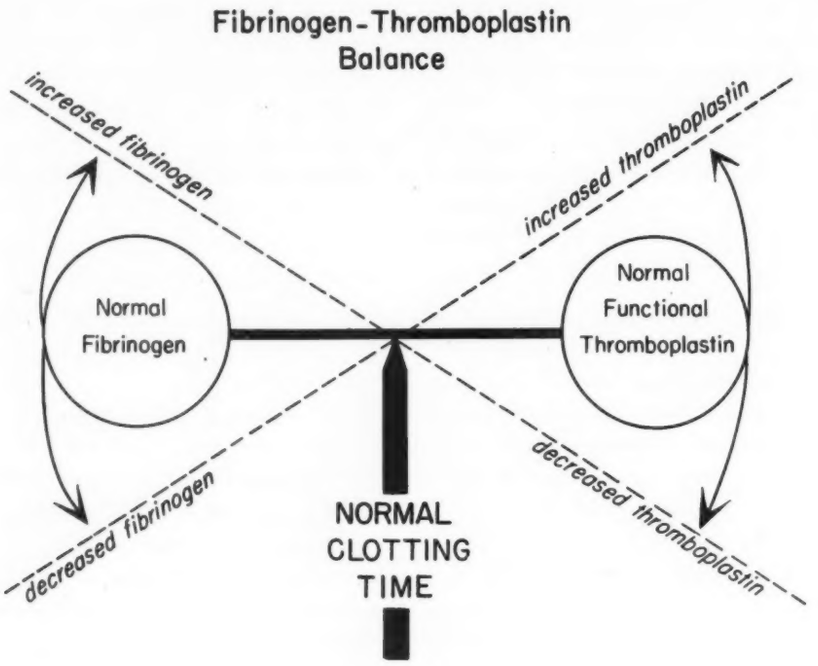

Fig. 2. The hemostasis of blood coagulation centers on the normal clotting time as a fulcrum. Anything which weakens the functional capacity of thromboplastin causes a rise in the level of fibrinogen, and anything potentiating the functional thromboplastin lowers the fibrinogen level. This mechanism forms the basis for using the plasma fibrinogen levels as the preferred index of rheumatic disease activity.

cumarol[21] will completely inactivate the thromboplastin mechanism and, as we have noted, when this occurs, a hemorrhagic state results in spite of great elevation in the level of plasma fibrinogen.

Thus it is seen that hexose polysaccharide sulfate esters, protamine sulfate, heparinoid toxin and dicumarol are among the substances which elevate fibrinogen in the plasma by reducing the functional capacity of the thromboplastin mechanism. By the same token, other substances which support the thromboplastin mechanism, after it is weakened by disease, will bring about a compensatory drop in the level of plasma fibrinogen. Of these latter substances, homologous thromboplastin itself heads the list. The dramatic reduction of hyperfibrinogenemia in early rheumatic fever following administration of thromboplastin can be easily demonstrated.[20] Particularly in the early phase of rheumatic fever, before the etiologic chain of events has progressed too far, depletion of the thromboplastin mechanism is readily re-

Associated with the effect of thromboplastin on the level of plasma fibrinogen is another enzyme, trypsin. In 1948, Ferguson, Travis and Gerheim[5] showed that trypsin activated and potentiated thromboplastin. This action of trypsin is reflected by a drop in the plasma fibrinogen level which is illustrated by Case 4 and Figure 6.

Protamine sulfate, used to neutralize the accumulation of heparinoid toxin in rheumatic disease, will reduce the plasma fibrinogen level. This is achieved by removing the toxic suppression of the thromboplastin mechanism which then recovers spontaneously. As this occurs, the fibrinogen drops to a lower level commensurate with the increased potency of the thromboplastin (Fig. 7). The heparin esters, when used to replace a deficiency of these substances, also produce a drop in the level of plasma fibrinogen.[19] This effect is brought about because the production of heparinoid toxin which accompanies the heparin deficiency is halted once the original deficiency is relieved (Case 3, Fig. 5).

These observations which tie the plasma fibrinogen level directly to the activity of the thromboplastin mechanism, are important because a deficiency of thromboplastin is a part of the etiologic triad of rheumatic disease. Determination of the plasma fibrinogen level therefore serves as the best available index of the presence and the intensity of rheumatic disorders.

Physiologic Balance With Enzymes in the Control of Rheumatic Disorders

The rheumatic disorders are caused by what appears to be an inherent metabolic defect in the production of certain enzymes, the hexose polysaccharide sulfate esters. As previously explained in some detail, this defect is accompanied by the production of closely related esters which are toxic (heparinoid toxin) and which deplete the thromboplastin mechanism.

Control of rheumatic disorders with enzymes is accomplished by restoring the normal physiologic balance of these various substances after infectious and other exogenous factors have been corrected. All three factors of the etiologic triad must be considered. The deficiency in the heparin esters must be made up, the heparinoid toxin must be neutralized or its formation prevented, and the deficit in thromboplastin must be rectified either by aiding its spontaneous recovery or by replenishing it from the outside. The relative importance of these three factors varies considerably with each individual and, as a consequence, wide clinical variations are encountered in rheumatic disease. The clinician must learn to estimate the importance of each factor in order to establish proper balance. For example, an extremely high level of plasma fibrinogen indicates an unusually large amount of toxin which must be neutralized with protamine sulfate before attempting physiologic balance with enzymes. At the same time, the elevated fibrinogen may also indicate the extent of the deficiency of the heparin esters which may require more of these substances to affect a proper balance. Experience teaches the clinician the value of each variation, and good clinical control may be quickly obtained by their proper evaluation.

For these reasons, therapeutic measures must be guided by the overall view in which each of the factors in the etiologic triad is given adequate consideration. However, in order to demonstrate more clearly the physiologic effect of individual enzymes, they were administered individually during the early phase of treatment, as illustrated by the following case reports. Proper physiologic balance cannot thus be maintained indefinitely; therefore, after adequate therapeutic trial with one agent, the other factors were then balanced for continued therapeutic maintenance.

Case Reports

Case 1.—Robert H., a ten-year-old boy, was admitted to Providence Hospital on April 23, 1953, complaining of pain in the knees, ankles and wrists. His present illness began two months previously when he was confined to bed as a result of a number of complaints including pain in the joints, loss of appetite, irritability, a tired feeling and disinclination to play with other children. His temperature and pulse rate had both persisted at an abnormally high level.

Physical examination disclosed a pale and acutely ill boy. The respiratory rate was twenty per minute, pulse rate 140, and the temperature registered 104 degrees. Ears, nose and throat were normal. The lungs were resonant throughout. The heart showed no enlargement and maintained a normal rhythm but with appreciable sinus tachycardia. The abdomen was soft, scaphoid and showed no masses. As for the extremities, the knees were slightly swollen, and both ankles and knees were painful on movement.

Laboratory studies gave the following values: hemoglobin, 14.3 gm. per 100 cc.; erythrocytes, 4,800,000 per cu. mm.; leukocytes, 9,000; neutrophils, 79 per cent; lymphocytes, 20 per cent; eosinophils, 1 per cent; sedimentation rate, 33 mm. in the first hour; plasma fibrogen, 430 mg. per cent; platelets, 327,000 per cu. mm. Urinalysis was normal.

On the basis of these findings, the admitting diagnosis of rheumatic fever was confirmed.

Treatment consisted of administering thromboplastin rectal suppositories of 50 mg. each three times daily.

By the eighth day of treatment, the temperature, pulse rate, sedimentation rate and plasma fibrogen level had all returned to normal. Pain in the joints and knee swelling had cleared completely. The patient's appetite became good and he resumed normal ambulation without further trouble. On the sixteenth day following admission, he was sent home. Figure 3 graphically presents the dramatic physiologic effect of replacement therapy and illustrates the specific antiphlogistic action of thromboplastin in reversing the basic and intrinsic inflammatory lesion in rheumatic fever.

In a followup examination on May 16, 1953, one week after leaving the hospital, the patient again complained of lack of appetite, constipation and fatigue. Further studies at this time revealed a sedimentation rate of 34 mm. and a plasma fibrinogen level of 1140 mg. per cent. In place of one of the three daily thromboplastin suppositories, the patient was given a suppository containing 20 mg. polyheparin.

Examination a week later, on May 23, showed the patient had regained his good appetite and had lost his

constipation and tired feeling. The sedimentation rate and plasma fibrinogen level had returned to normal.

Comment.—This ten-year-old boy had been confined to bed for two months prior to admission, under the care of a competent pediatrician. Bed rest, antibiotics and salicylates had failed to control the temperature and pulse rate. The former had been rising to 104 and the latter had risen to 150 per minute. Upon admission to Providence Hospital, the child appeared to be in greater distress than observation of the sedimentation rate and plasma fibrinogen level indicated. Since the sedimentation rate reflects the physiologic response to infection, which in this patient had been controlled with antibiotics, the low value for this index was to be expected.

The plasma fibrinogen, which may be elevated by either exogenous or endogenous inflammatory processes, was definitely increased. Since the exogenous component had been eliminated by the use of antibiotic therapy, the increase shown in the level of plasma fibrinogen at the time of admission reflected only the endogenous component. Under these conditions, according to the enzymogenic concept, the elevated level of fibrinogen indicated a deficiency of the enzyme, thromboplastin. The elevation of temperature, pulse rate, sedimentation rate and fibrinogen can all be explained on this basis. Figure 3 graphically presents the dramatic effect of administration of thromboplastin upon all these indices.

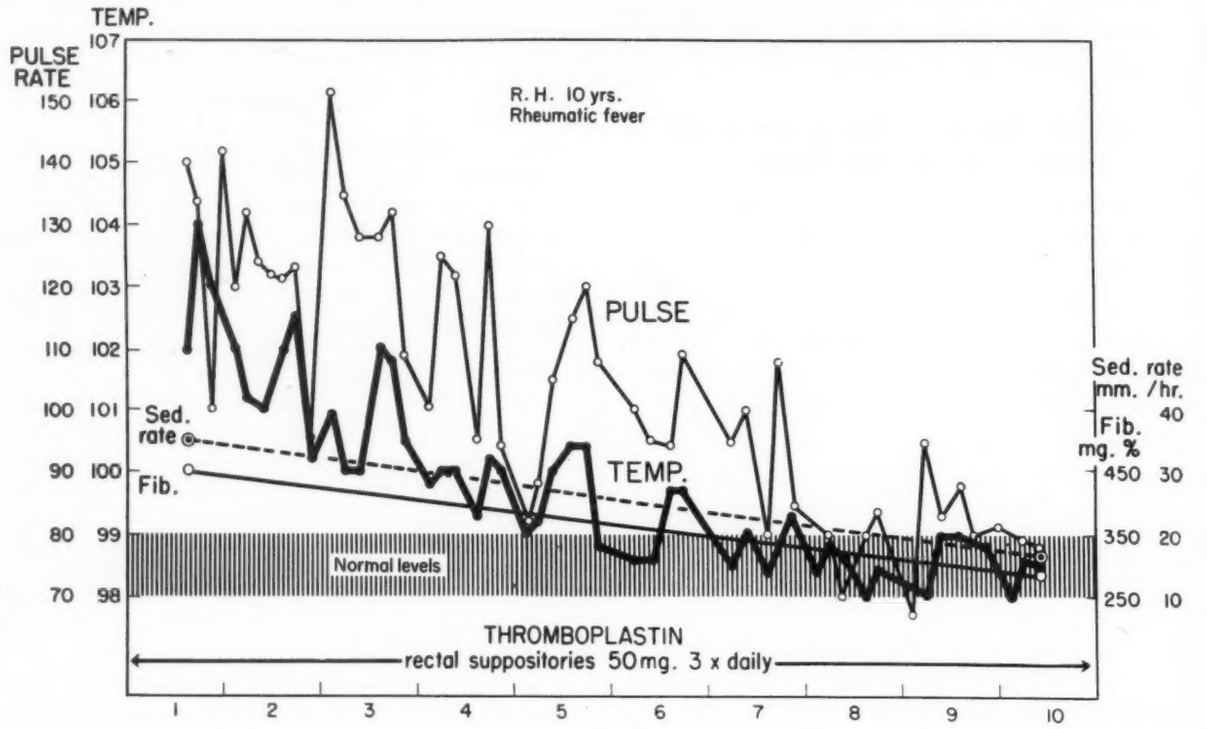

Fig. 3. Physiologic effect of thromboplastin on the pulse rate, temperature sedimentation rate and plasma fibrinogen level in a ten-year-old boy with acute rheumatic fever. Thromboplastin was given after two months of bed rest, antibiotics and salicylates had failed. This case demonstrates the specific antiphlogistic effect of thromboplastin in reversing the basic and intrinsic inflammatory process.

The child appeared clinically well after the first week of treatment. He returned to normal activities and was discharged from the hospital to continue treatment at home. Within a week after leaving the hospital, he again became irritable and lost his appetite. Examination at this time revealed that his sedimentation rate had increased to 34 mm. in the first hour and his plasma fibrinogen had increased to 1140 mg. per cent. Since it has been shown that the original defect in rheumatic fever is a deficiency of hexose polysaccharide sulfate esters along with the production of a heparinoid toxin, it was suspected that, in this patient, these two factors were actively disturbing the enzyme balance established by the administration of thromboplastin. Accordingly, the physiologic esters were added to the treatment. The patient's symptoms cleared promptly and his laboratory readings

again showed a normal physiological balance. He has been maintained by enzyme balance in normal condition for more than a year. During this year of maintenance therapy, absence of his former "colds" has been a marked feature. Furthermore, the boy has grown 2 inches in height in contrast to the half inch he grew during the year prior to his illness.

Case 2.—R.M.H., a six-year-old boy, was admitted to Providence Hospital on December 31, 1953. He complained of pains in the arms and legs, becoming more severe during the past month. He tired easily, had little appetite and showed no inclination to play with other children. Nervous and irritable, he cried frequently on slight provocation.

The family and past history revealed no rheumatic disease in the parents or other members of the immediate family. Delivery was normal. The patient had always lived in an upper flat. He had been immunized against whooping cough, diphtheria and tetanus, and vaccinated for smallpox. He had no history of childhood diseases. His tonsils were removed one year prior to this admission. The boy had, however, suffered from recurrent upper respiratory infections.

Examination revealed a slender, pale child with muscle soreness on manipulation but with no definite swelling of the joints. The respiratory rate was 20 per minute and the temperature varied from 99.4 degrees to 100.4 degrees. The inframandibular and post-cervical lymph glands showed slight enlargement. Tonsil removal apparently had been complete. The lungs were clear; the heart, although not clinically enlarged, had a short systolic blowing murmur at and around the apex.

The electrocardiogram revealed a sinus arrhythmia with a frequency of 100, a value considered to be within the normal range for a child of six years. Roentgenologic examination showed minimal clouding of the left maxillary sinus and an essentially clear right sinus. An accentuation of the peritruncal markings in the mediobasal portion of the right lung, indicating old upper respiratory infections, was also observed. No evidence of albumin or sugar was found in the urine which had a pH of six and specific gravity of 1.1015. Other measurements included hemoglobin, 12.3 gm., erythrocytes 3,880,000, leukocytes 5,600, lymphocytes 64, platelets 300,000. The rate of sedimentation was determined to be 41 mm. in one hour. Plasma fibrinogen was 421 mg. per cent (normal 250 to 350).

The diagnosis of incipient rheumatic fever, showing minimal chronic left maxillary sinusitis and low grade anemia, was made. The therapeutic regimen included (1) penicillin, 400,000 units intramuscularly every forty-eight hours for two weeks, (2) salicylates, (3) bed rest. The patient was discharged to continue treatment at home.

Approximately three months later, on April 10, 1954, the patient was readmitted to Providence Hospital. In the interval at home, he had finished the course of penicillin, followed by a short period of no antibiotic therapy, then taken a three-week course of chloromycetin, followed by a rest period of ten days, and finally a two-week course of aureomycin. Three months of bed rest, antibiotics, vitamins, salicylates and balanced diet resulted in no improvement.

Examination now showed a respiratory rate of twenty, pulse rate of 120, and temperature of 99.6 degrees. His muscles were still tender on manipulation but there was no sign of joint swelling. Lymph glands of the inframandibular and postcervical regions were barely palpable. The lungs were clear and the heart was not enlarged. The systolic blowing murmur at and around the apex of the heart had, however, markedly increased over three months previously.

Electrocardiographic studies revealed a slightly increased sinus tachycardia at 107 and a "QRS amplitude abnormally high in most precordial leads, suggestive of coving of ST in L2 and L3. These changes were not present in the electrocardiogram of January 5, 1954. Impression: toxic myocarditis." (F. J. Jarsen, M.D.)

Urinalysis was normal. Other laboratory measurements were as follows: hemoglobin, 13 gm.; erythrocytes, 4,340,000; leukocytes, 6,700; neutrophils, 34; lymphocytes, 64; platelets, 226,680; sedimentation rate, 30; plasma fibrinogen, 836; absolute eosinophil count, 300. Determination of minerals showed calcium to be present in a concentration of 11 mg. and phosphorus 5.2 mg. (normal 3 to 4 mg.). Total protein was 7.5, of which five was albumin and 2.5 globulin (A/G ratio of 2:1).

Treatment was again instituted on April 16, 1954. On this occasion, however, protamine sulfate was administered orally in the amount of 10 mg. at 10 a.m. and again at 6 p.m. Thromboplastin also was given orally in a dosage of 150 mg. at 2 p.m. and once more at 10 p.m.

Eight days later, on April 24, laboratory tests showed calcium at 11 mg., phosphorus at 4.5 mg., the sedimentation rate at 14 mm., and the level of plasma fibrinogen reduced to 276 mg. per cent. The rate of sinus arrhythmia had decreased to 80. "In comparison with the previous electrocardiogram, some increase in the degree of coving was evident in L3 with occasional auricular fibrillation and R waves showed otherwise no change. Impression: increased severity of toxic myocarditis." (F. J. Jarsen, M.D.)

Protamine sulfate therapy was discontinued on April 23 and two polyheparin tablets of 1,000 units each were given orally. On April 30, the sinus arrhythmia registered a rate of 100. Comparison of the electrocardiogram with the normal one obtained early in the disease on January 5, 1954, showed no significant difference (W. J. Briggs, M.D.). On May 3, hemoglobin had a value of 12.6 gm., erythrocytes 4,560,000, leukocytes 7,000, neutrophils 35, lymphocytes 58, platelets 351,120, sedimentation rate 16 mm. end plasma fibrinogen 336 mg. per cent. On May 5, the patient was discharged to continue treatment at home.

Comment.—Although this boy at the time of his first hospitalization, apparently suffered from incipient rheumatic fever, it was felt that lifting

the mild but chronic upper respiratory infection might allow the basic physiologic disturbance to automatically correct itself. Accordingly, he was sent home on a regimen of bed rest, antibiotics and salicylates.

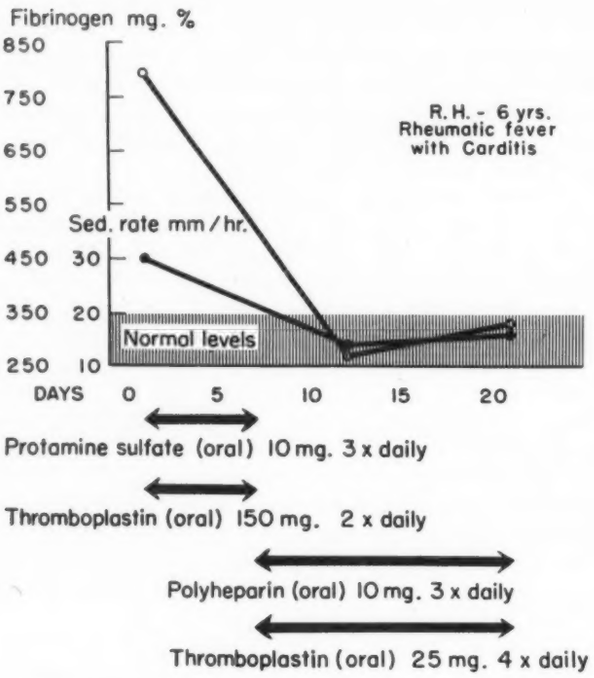

Fig. 4. Combined physiologic effect of oral protamine sulfate and oral thromboplastin—the former to neutralize heparinoid toxin and the latter to replace the thromboplastin deficiency on the plasma fibrinogen level in a six-year-old boy with acute rheumatic fever. Although he had received careful medical supervision during the three months prior to hospital admission, his rheumatic fever had grown worse. This case illustrates the principles of treating the triple defect of the etiologic triad: (1) Restore deficiency of thromboplastin, (2) restore deficiency of heparin esters, and (3) neutralize the heparinoid toxin.

Showing no improvement after three months, he was again hospitalized. The upper respiratory infection had cleared up but a low grade fever remained. The mitral murmur noted three months previously had definitely advanced and the electrocardiogram now revealed the presence of toxic myocarditis. Clearing the infections with antibiotic therapy had reduced the erythrocyte sedimentation rate from 46 to 30 mm. in the first hour, but the plasma fibrinogen during this same period had risen from 530 to 840 mg. per cent. This illustrates how a false sense of security may arise if one relies on the sedimentation rate as an index of rheumatic activity. At the same time, it shows how the plasma fibrinogen level clearly parallels the clinical condition of the patient, as verified by the electrocardiogram. These latter two indices were interpreted to indicate the presence of considerable amounts of heparinoid toxin. Consequently, protamine sulfate and large doses of thromboplastin were given to neutralize it (Fig. 4).

The result was dramatic. The level of plasma fibrinogen and the rate of sedimentation both returned to normal by the end of ten days of treatment. The heart sounds were greatly improved, even though evidence of toxic myocarditis persisted for two more weeks. After the first week of detoxication, the patient was given maintenance doses of oral thromboplastin and polyheparin which have kept his values for fibrinogen and sedimentation within a normal range. Carried on this regimen, he has remained free from rheumatic symptoms.

Case 3.—L.R.F., a fourteen-year-old boy was admitted to Providence Hospital on October 30, 1953, with complaints of pain in the joints, weakness and loss of appetite. The boy exhibited nervousness and uncontrollable muscular movement of the left arm. A persistent rash had been present for five months.

His past history included confinement to bed with chorea during the period from 1948 to 1949, when he received schooling at home. In May, 1953, he had pneumonia.

Examination revealed a thin, pale youth with a respiratory rate of twenty, a pulse rate of ninety-six and a temperature of 99 degrees. The lungs were clear, the heart showed no enlargement, but a systolic blowing murmur was heard at the apex and toward the axilla. The joints showed no sign of swelling but the muscles were tender to manipulation.

Nothing unusual was seen in the lung fields by x-ray examination. Blood measurements gave the following values: hemoglobin 15.6 gm., erythrocytes 4,800,000, leukocytes 6,400, neutrophils 55, lymphocytes 44, absolute eosinophil count 25 and platelets 290,000. The rate of sedimentation was 39 mm. and the reading for plasma fibrinogen 930 mg. per cent. L. E. cells were negative. Stool tryptic activity was normal as was the composition of the urine.

Treatment with oral heparin, 1,000 units three times daily, was begun on November 6, 1954. Three days later, on November 9, the sedimentation rate had declined to 8 mm. per hour and the plasma fibrinogen level had dropped to 333 mg. per cent (Fig. 5).

Comment.—This patient had spent much of the last four years in bed with rheumatic fever. Obviously ill on admission, he exhibited extreme nervousness and choreiform movements of the face, neck and arms. Important features of his clinical condition included an active carditis and chronic erythema marginata over the entire body. Exami-

nation revealed neither any aggravating infection nor an unduly high sedimentation rate. However, the level of plasma fibrinogen was so elevated as to indicate considerable depletion of the thromboplastin mechanism. Since his condition had probably developed over a long period of time, we chose to regard it as chronic and to plan replacement therapy over an extended period. Quite dramatically, on the institution of treatment, the plasma fibrinogen level and sedimentation rate dropped sharply to normal. The cardiac, dermatologic and central nervous manifestations did not appear to be immediately affected. As treatment continued, however, the nervousness and choreiform movements gradually subsided and the erythema faded out by the end of five months. The carditis apparently became inactive, leaving a residual mitral murmur which has not changed.

After the first two months, the rectal suppositories of thromboplastin were discontinued and thromboplex tablets were given orally instead. At the present writing, seven months of continuous treatment with oral heparin and thromboplastin has maintained normal erythrocyte sedimentation and plasma fibrinogen values. The patient is clinically well for the first time in five years.

This case illustrates, among other things, that the basic factor indirectly elevating plasma fibrinogen in rheumatic disease is a deficiency in the hexose polysaccharide sulfate esters (heparin). Oral administration of only 1000 units three times daily for a period of one week produced the profound drop in plasma fibrinogen and rate of sedimentation seen in Figure 5. This striking result further shows that heparin esters act as enzymes, as they apparently did in this case. Otherwise, if they entered into physiologic reactions stoichiometrically, the effects of such small amounts could probably not be measured.

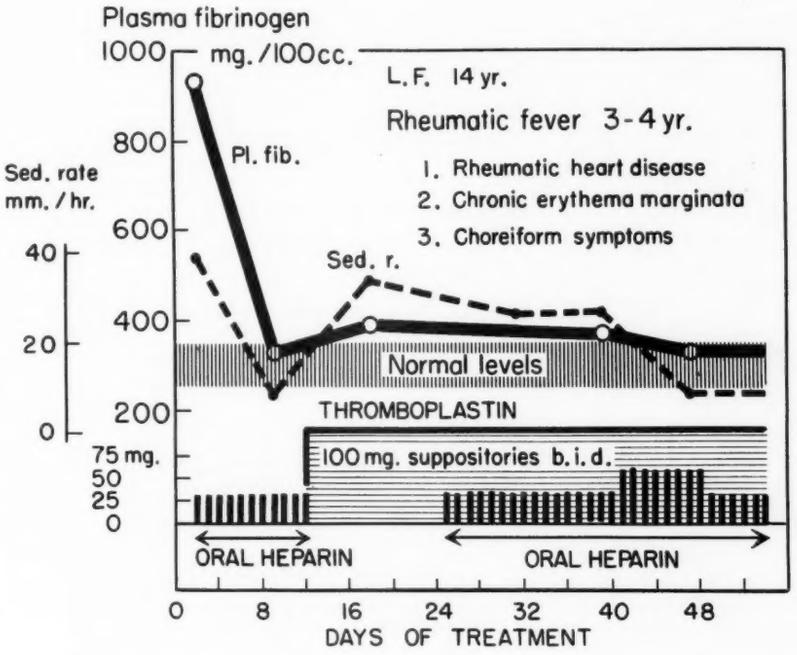

Fig. 5. Physiologic effect of oral heparin esters on the plasma fibrinogen level in a fourteen-year-old boy with chronic rheumatic fever. This case demonstrates the deficiency of heparin esters. It also shows how replacement therapy reduces or stops the production of heparinoid toxin. Note how both the fibrinogen level and the sedimentation rate were adjusted to normal by a temporary increase in the heparin esters during the period from the fortieth to forty-eighth day of therapy while the dosage of thromboplastin remained the same.

Data obtained from this patient also indicate that heparinoid toxin, which seriously impairs the thromboplastin mechanism, is produced in place of physiologic heparin. When the stimulus for production of endogenous heparins was suppressed by the use of exogenous heparins in this patient, the production of heparinoid toxin also ceased. This allowed recovery of the thromboplastin mechanism which as usual was accompanied by return of the

plasma fibrinogen to a normal level. If heparinoid toxin were produced secondarily by some mechanism other than that for the biogenesis of normal physiologic heparins, the administration of heparin would not reduce the plasma fibrinogen level.

kocytes 9,200, neutrophils 67, lymphocytes 37, eosinophils 1, platelets 195,000, sedimentation rate 50, and plasma fibrinogen 1150.

Treatment which was begun on June 18, 1953, consisted of the injection of 10 mg. of trypsin in oil and 10 mg. given in rectal suppositories (Fig. 6).

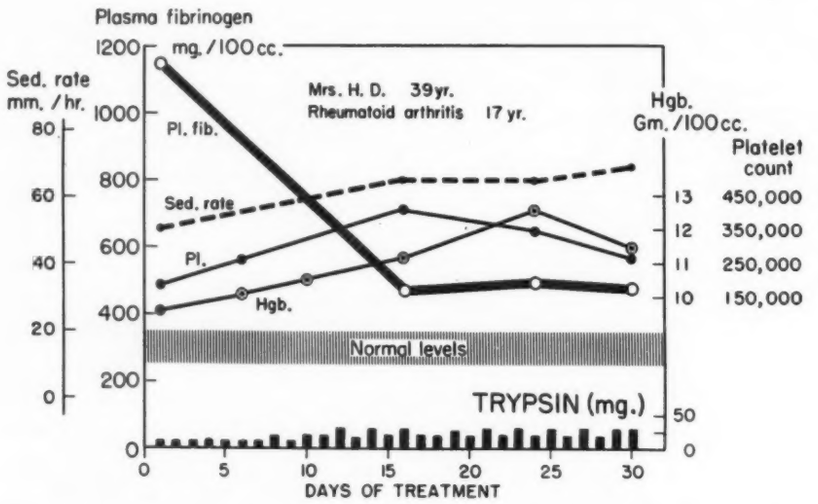

Fig. 6. Physiologic effect of trypsin on the plasma fibrinogen level in a thirty-nine-year-old housewife with rheumatoid arthritis for seventeen years. Trypsin activates and potentiates thromboplastin which in turn reduces the fibrinogen level by the mechanism shown in Figure 2.

Such a state would require direct neutralization of the heparinoid toxin by protamine sulfate or by homologous thromboplastin itself.

Treatment with heparin will not indefinitely maintain a normal plasma level of fibrinogen for the reason that heparins are also antithromboplastins. Once the deficit of heparin is made up, any additional amounts tend to deplete further the already weakened thromboplastin mechanism, causing the compensatory elevation of fibrinogen. Consequently, administration of heparin was discontinued on the eleventh day and then thromboplastin was given for an equal period of time. From this point on, both thromboplastin suppositories and oral heparin were administered. On the fortieth day, tests revealed some residual imbalance; therefore heparin was increased for eight days and, as a result, the indexes of rheumatic disease dropped to satisfactory levels. At the present writing, continued treatment has maintained this patient in satisfactory physiologic balance.

Case 4.—Mrs. C. D., a thirty-nine-year-old housewife with rheumatoid arthritis of seventeen years' duration volunteered to undergo a course of trypsin treatment.

The usual laboratory tests disclosed the following values: hemoglobin 9.6 gm., erythrocytes 3,342,000, leu-

For the first three weeks of trypsin therapy, the patient appeared to be greatly benefited and the plasma fibrinogen was gradually receding. Clinical improvement, however, was of short duration. During the fourth week, the patient definitely began to regress. She became extremely irritable, highly excitable, and emotionally and mentally unstable.

At this turn of events, trypsin treatment was discontinued and thromboplastin therapy instituted immediately. The patient regained her nervous and mental equilibrium within a few days but, because of this frightening experience, she refused to co-operate further with the study.

Comment.—The action of trypsin in this patient can best be understood on the basis of the work of Ferguson[5] who showed that trypsin activates and potentiates thromboplastin. In the present instance, the patient's level of plasma fibrinogen was greatly elevated as a result of rheumatic disease, and this indicated a depression of her thromboplastin mechanism. Potentiation of this weakened mechanism by trypsin reduced the level of fibrinogen in the plasma to a point beyond which thromboplastin could no longer be potentiated (Fig. 6). Even so, the thromboplastin mechanism was potentiated beyond its endurance, resulting in collapse of nervous and mental functions. The ad-

ministration of thromboplastin restored physiologic equilbrium promptly.

This case emphasizes the need for caution in the prolonged administration of trypsin unless it is accompanied by the administration of thromboplastin. The potentiating effect of trypsin on thromboplastin is somewhat analagous to applying the spurs to a tired horse—a burst of speed and then total collapse. Trypsin therapy alone should be only of short duration.

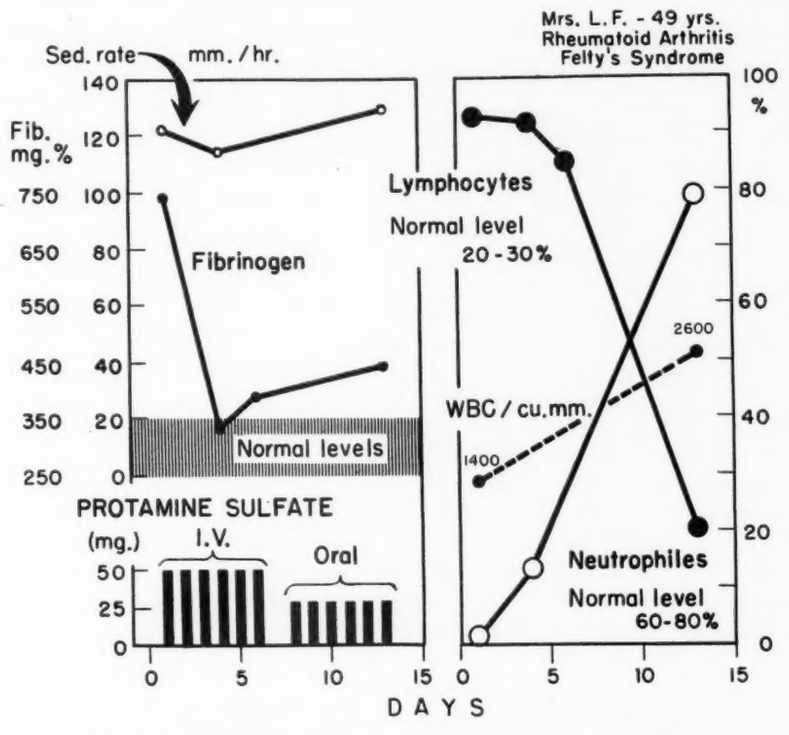

Fig. 7. The physiologic effect of protamine sulfate in Felty's syndrome. The level of plasma fibrinogen dropped markedly as the heparinoid toxin responsible for its elevation was neutralized. At the same time, the leukocyte count increased from 1,400 to 2,600—the neutrophils increasing from 6 to 79 per cent—while the lymphocytes dropped from 94 to 20 per cent. This case demonstrates that heparinoid toxin is the factor suppressing the bone marrow in Felty's syndrome and that protamine sulfate specifically neutralizes it.

Case 5.—Mrs. L. F., a forty-nine-year-old married woman, was admitted to Providence Hospital on April 10, 1954, complaining of chills, fever, sore throat, and painful, swollen and stiff joints.

Her present illness began in 1946 when swelling, pain, redness and limitation of movement developed in the right hand at the metacarpo-phalangeal joints. This was but the first of several episodes separated by periods of remission of several weeks each. During the following two years, other joints became similarly involved with progressive deformity and limitation of motion in the following order: both shoulder joints, both elbows, both wrists, left knee, both ankles. In 1948, her spleen was observed to be enlarged and a diagnosis of Felty's syndrome, later confirmed at University Hospital in 1951, was made. Since November, 1953, the patient had developed a persistently sore throat, inflammation of both eyes, and "walking pneumonia." During the year immediately preceding the present admission, the patient lost an estimated 20 pounds in weight.

Her history preceding onset of the present illness included an appendectomy in 1927, intestinal obstruction with lysis of adhesions in 1928, thyroidectomy in 1937, and exploratory laparotomy with cholecystectomy in 1951.

Examination revealed a pale, emaciated housewife weighing 74 pounds. Her blood presure was 136/80 and pulse rate 88 at rest. The sclerae were markedly injected peripherally, especially on the left. A slight amount of thick white material was expressed from the palpecral sac. The fundi were clear except for blurring of the left retina, an observation compatible with diffuse retinal edema. The mouth was partially edematous. The right anterior tonsillar piller was reddened and edematous with slight white purulent exudate adherent to the surface.

The chest exhibited fair expansion on inspiration. The lungs were dull to percussion with crepitant rales over the left upper lobe. An increased sinus rhythm was present and the heart tones seemed distant. There were no murmurs and the heart was not enlarged.

The abdomen bore a surgical scar in the right upper quadrant as a result of the 1951 cholecystectomy as well

as a number of reddened elevations, tender and hard to the touch, similar to previous elevations just before the "wire sutures" came out. The liver edge, which projected two finger-breaths below the right costal margin, was smooth and devoid of tenderness. The spleen extended five finger-breadths below the left costal margin, and was smooth, firm and slightly tender.

All four extremities revealed limitations of motion. Flexion deformities of all fingers made it impossible for the patient to clench her fist. The fingers appeared fusiform with swelling of the first interphalangeal joints. Severe hallux valgus was present in both feet. Diffuse muscle tenderness was present. A palpable, solitary, pea-sized node was noted on the extensor aspect of the right olecranon process.

Laboratory studies yielded the following information: hemoglobin 9.3 gm., erythrocytes 4,010,000, platelets 204,000, leukocytes 1.400, neutrophils 6, lymphocytes 93, eosinophils 1, sedimentation rate 122, plasma fibrinogen 726, calcium 11.6, phosphorus 4, total protein 7.2 (albumin 2.6 and globulin 4.6 for an A/G ratio of 0.57/1), prothrombin 15 seconds, clotting time (Lee-White) six minutes. The Kahn test was negative. Alkaline phosphatase measured 21, thymol turbidity 16, total cholesterol 195, cholesterol esters 71, bromosulphalein 2.5, total bilirubin 0.6, and bilirubin direct 0.2. Cephalin cholesterol flocculation was calculated at ++++ in twenty-four hours and again in forty-eight hours. A study of the bone marrow revealed "arrest of maturation" with neutropenia and relative lymphocytosis.

Roentgen examination showed both lung fields to be essentially clear. A large diverticulum was visualized, taking origin from the third portion of the duodenum and superimposed on the area of the bulb. There was no evidence of diverticulitis. The spleen was enlarged. The left kidney lay in a somewhat lower position than normal. Generalized demineralization of the bony structure was apparent. Using a normal subject as control on the same film, a comparative densometer AP study was made of the left wrists and hands. The density of the lower end of the patient's left radius compared closely to that of about 2.5 mm. of aluminum while that of the control was equal to about 5 mm. of aluminum. There was no roentgenographic evidence of bone atrophy.

The patient was given protamine sulfate in 50 mg. ampules intravenously for six days and then protamine orally in 20 mg. units daily for one week. The striking effect of this therapy on her plasma fibrinogen and other blood factors is shown in Figure 7. By the third day of treatment, the patient slept well without sedation for the first time. By the sixth day, the spleen had receded to the extent that it projected below the left costal margin not more than the breadth of two fingers. By the end of two weeks, improvement was general. More freedom of muscular movement was evident, reddened areas with exudate about the eyes had cleared and, in the patient's own words, "I can put my left arm over my head this morning for the first time in seven years!"

Comment.—This forty-nine-year-old woman presents the typical picture of Felty's syndrome[4] which Dawson,[3] Hench[8] and others have classified as a variety of rheumatoid arthritis characterized by a large spleen. Splenomegaly is associated with a typical depression of leukocytes, particularly a marked neutropenia, with a relative abundance of lymphocytes. This blood picture has led to the suspicion that the spleen manufactures some toxic substance which suppresses the bone marrow. Studies in this patient revealed a hyperplastic bone marrow with increased erythropoiesis and myelopoiesis but with an "arrest of maturation." Other investigators (Steinberg,[26] Price and Schoenfeld[22]) had previously noted marked erythropoiesis in this syndrome. Steinberg had further noted that hyperplastic bone marrow was typical of rheumatoid arthritis as well as of Felty's syndrome.

The plasma fibrinogen in this case was markedly elevated as is customary in all cases of active rheumatoid arthritis. According to our previous studies, fibrinogen compensates for the decreased functional capacity of the thromboplastin mechanism which in turn is caused by the action of heparinoid toxin. In this circumstance, it was further shown that protamine sulfate acted as a specific antidote for heparinoid toxin, neutralizing it and thereby allowing the plasma fibrinogen to descend to normal. It was therefore suspected that the heparinoid toxin might well be responsible not only for her elevated fibrinogen level but also for suppression of the bone marrow.

Treatment with protamine sulfate produced a dramatic rise in circulating neutrophils and total leukocytes with an equally dramatic drop in the level of plasma fibrinogen and lymphocytes (Fig. 7). There seems little doubt that the factor suppressing the bone marrow was the same heparinoid toxin which elevated the plasma fibrinogen level.

The enlarged spleen was considerably reduced in size during protamine sulfate administration, indicating that splenomegaly in this patient was probably a simple hyperplasia analagous to that seen in the bone marrow. This case demonstrates that heparinoid toxin blocks the maturation of cells in the bone marrow which, in response to the physiologic stimulus for more cells, undergoes hyperplasia. This same stimulus may affect all potential blood-forming tissues, including those of the spleen, which with sufficient prodding, may revert to its embryonic function of manufacturing blood. Once the heparinoid toxin is neutralized or removed, the bone marrow regains its normal capacity to supply mature cells to the circulation. As a result, the ex-

cessive stimulus for blood formation is relieved and the spleen, no longer driven by a state of emergency, returns to its normal, adult functions and recedes in size.

Summary

Evidence is presented supporting the concept that rheumatic affections are basically one disease which, in its incipiency, is an intrinsic inflammatory process of the connective tissues produced by disturbed enzyme balances. The etiology of early rheumatic disease is composed of three demonstrable factors which are (1) a deficiency in the production of physiologic hexose polysaccharide sulfate esters (heparin), (2) the production of closely related esters which are toxic rather than physiologic (heparinoid toxin), and (3) depletion of the thromboplastin mechanism by the heparinoid toxin.

Theoretically these factors in the etiologic triad originate in an intrinsic error in the metabolism and the biogenesis of the hexose polysaccharide sulfate esters somewhat analogous to the intrinsic error in the metabolism of purines and the biogenesis of uric acid in gout.

Laboratory and clinical studies are presented which illustrate all three factors in the pathogenesis of incipient rheumatic disease.

The plasma fibrinogen level is demonstrated to be a most valuable index of rheumatic disease activity by virtue of its close association with the activity of the thromboplastin mechanism.

Acknowledgment

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Electrophoretic and Electrolyte Changes in the Blood

Studies of Surgical Patients on a Liquefied Natural Food High-Protein Oral Feeding Supportive Program

By John J. Prendergast, M.D.
and
Richard L. Fenichel, M.S.
Detroit, Michigan

THE LAST decade could easily be termed a milestone in the progress of surgery. During this period surgeons have awakened to the realization that the nutritional state of the patient can be a deciding factor in determining the success or failure of a major procedure. This new-found awareness has carried them forward to investigate the efficacy of new methods of preoperative and postoperative patient support.[3,4,6,7,8,11,12]

In reviewing the problem of adequate nutritive therapy for preparing the patient for surgery, as well as maintaining him for long periods after an operation, we became convinced that a liquefied natural food, high-protein oral diet[1] would be an effective method for his support.

An electrophoretic and electrolyte investigation was therefore undertaken to study the changes in the blood at regular time intervals of people receiving an oral feeding diet of natural, high protein-containing, liquefied foods. All of these patients were at Henry Ford Hospital under the care of the staff of the hospital.

Methods

Patients undergoing major abdominal operations constituted the main group selected to evaluate this oral feeding technique. This group was chosen as a test of the value of this procedure because these people are often not able to eat adequate meals for many days postoperatively.

With the aid of a colloid mill, it was possible to take high-protein foods such as eggs, milk and meats and blend them together with fruits and vegetables to form a non-viscous homogenous mixture that would flow under a positive pressure through a polyethylene nasal tube. One liter of this mixture corresponded to a large serving of meat, milk, eggs, fruit and vegetables to constitute calorically a large meal (about 1200 calories).[2] It was possible to begin tube feeding of this colloid mill natural food preparation within twenty-four hours after surgery.

To properly evaluate the effects of this treatment, electrophoretic analyses and electrolyte sodium and potassium determinations were run preoperatively and postoperatively.

About 25 ml of blood were drawn from each patient for these determinations. The blood was permitted to clot, and as the clot retracted, the clear serum was separated and centrifuged. For a few cases plasma samples were collected in order to ascertain the changes in fibrinogen in addition to the albumin, alpha-1, alpha-2, beta and gamma globulin concentrations. In these instances, an anti-clotting agent was added to the blood samples to prevent clotting. Electrolyte concentrations were not determined on these plasma samples.

After clarification of the sample by centrifugation, 5 ml were mixed with 10 ml of barbital buffer at pH 8.6 and ionic strength 0.1. This mixture was then placed in a "Visking" tubing sac and dialyzed against one liter of buffer for twenty-four hours at refrigerator temperature.

Electrophoretic studies were performed with the Aminco Stern electrophoresis apparatus in accordance with the technique previously reported.[10] Total protein values for the samples were determined by micro Kjeldahl analysis, and from these data the absolute values of the separate protein components were calculated.

Sodium and potassium determinations were made on all serum samples with the Janke flame photometer following the procedure developed by Fox.[5]

The cases in this study were divided into four separate groups:

1. Patients undergoing major surgery who received preoperative and postoperative tube-feeding support.

2. Patients undergoing major surgery who had preoperative blood studies performed and who were maintained postoperatively on tube feeding.

A preliminary report of the results thus far obtained on fourteen patients maintained by this method for from nine to seventy-nine days.

From the Medical Department, Chrysler Corporation, Detroit, Michigan.

TABLE I. SODIUM AND POTASSIUM VALUES
FOR SERUM SAMPLES OF PATIENTS IN FOUR SEPARATE GROUPS

Patient Group	Patient	Sample	Diagnosis and Fate	Surgical Procedure	Total Protein	Meq./L.	
						Na	K
1	H. B.	36 hrs. on T. F.	Stomach Deformity		6.61	124	7.8
		8 days on T. F.			6.79	125	4.5
		15 days on T. F.			6.81	136	4.5
		19 days on T. F.			6.56	141	6.5
		2 days Po-op.		Partial Gastrectomy	5.90	134	3.8
		4 days Po-op.			5.16	142	6.0
		9 days Po-op.			5.61	140	1.5
		16 days Po-op.			4.98	—	—
			Recovered				
1	M. S.	Pre-T. F. Spec.	Regional Enteritis		3.63	128	6.8
		1 week T. F.					
		Pre-op. Spec.			4.07	—	—
		24 hrs. Po-op.		Ileostomy	4.03	149	12.5
		9 days Po-op.			3.50	136	7.3
		15 days Po-op.			4.06	150	8.5
			Expired				
2	D. K.	2 hrs. Pre-op.	Ulcerative Colitis		7.95	133	7.3
		24 hrs. Po-op.		Ileostomy	7.73	124	—
		48 hrs. Po-op.			6.82	—	—
		5 days Po-op.			7.07	—	2.3
		9 days Po-op.			6.32	—	2.0
		17 days Po-op.			7.00	121	8.8
		26 days Po-op.			10.00	107	6.0
		28 days Po-op.			6.46	—	—
		34 days Po-op.			7.10	—	—
		43 days Po-op.			7.10	126	8.0
		49 days Po-op.			6.82	122	9.0
			Expired				
2	F. B.	2 hrs. Pre-op.	Ca of Stomach		7.04	134	—
		24 hrs. Po-op.		Total Gastrectomy, Splenectomy exc. Head Pancreas	5.72	—	—
		7 days Po-op.			5.78	132	3.5
		16 days Po-op.			6.91	132	5.0
		28 days Po-op.			6.46	140	3.5
		31 days Po-op.			6.17	139	4.8
		38 days Po-op.			6.28	129	4.0
		45 days Po-op.			6.25	129	4.5
		52 days Po-op.			5.20	128	4.5
		58 days Po-op.			5.81	127	5.3
		70 days Po-op.			7.65	130	—
		4½ months Po-op.			6.83	136	—
			Recovered				
3	M. M.	3 days Po-op.	Ca of Stomach	Total Gastrectomy	6.03	—	—
		10 days Po-op.			6.00	143	13.5
		21 days Po-op.			6.19	127	20.0
		27 days Po-op.			6.35	131	6.0
			Recovered				
3	D. C.	2 days Po-op.	Duodenal Ulcer	Partial Gastrectomy	5.43	146	3.8
		4 days Po-op.			6.15	146	4.0
		8 days Po-op.			7.40	152	4.5
		16 days Po-op.			4.66	133	4.5
			Recovered				
3	R. S.	Pre-T. F.	Duodenal Ulcer	Partial Gastrectomy	6.24	130	4.3
		1st day					
		4 days Po-op.			5.62	134	3.5
		8 days Po-op.			6.54	148	3.3
		11 days Po-op.			6.18	133	8.3
			Recovered				
4	L. S.	Pre-T. F.	Generalized Abdominal Carcinoma		6.31	130	5.0
		1 week T. F.			5.29	128	5.0
		2 weeks T. F.			5.21	123	5.0
		3 weeks T. F.			5.90	143	5.5
			Recovered				
4	E. L.	1 week T. F.	Ulcerative Colitis with Ileostomy		5.94	130	4.5
		2 weeks T. F.			6.03	139	4.8
		3 weeks T. F.			6.73	131	5.3
		4 weeks T. F.			6.64	132	4.8
		5 weeks T. F.			6.54	125	4.5
		6 weeks T. F.			5.78	127	5.0
		7 weeks T. F.			5.81	137	5.0
		8 weeks T. F.			6.40	—	—
			Recovered				

3. Patients undergoing major surgery who were maintained on tube feeding after the lapse of from one to eleven postoperative days.

4. Inoperable patients who were maintained on tube feeding.

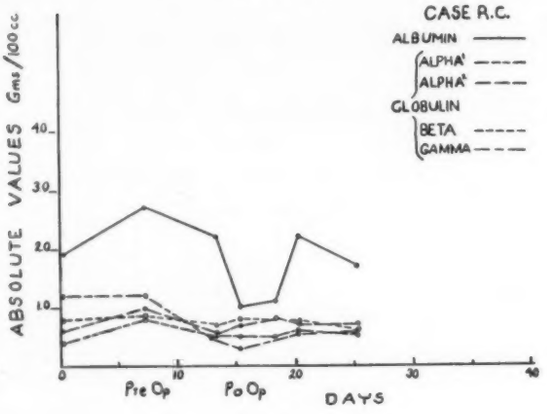
Blood samples were collected from these individuals at regular time intervals corresponding to their particular grouping.

Results

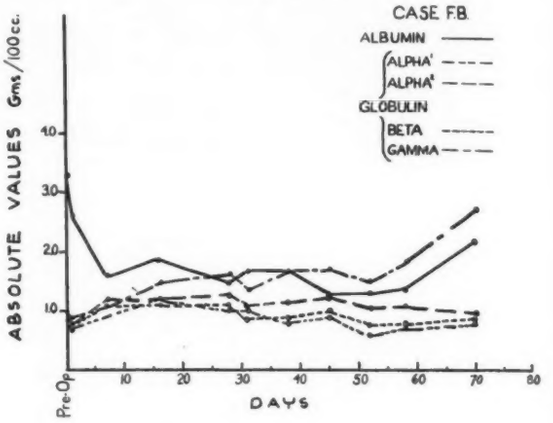
To present the electrophoretic results of this study for each of the four indicated experimental

categories, a typical case from each group has been selected. Graphs of the absolute electrophoretic values for these cases have been plotted against time for the five serum protein components—albumin, and alpha-1, alpha-2, beta and gamma globulins.

GRAPH 1



GRAPH 2



The electrolyte sodium and potassium results have been tabulated (Table I) for the four experimental groups.

Group 1 consisted of four patients who were preoperatively prepared for surgery by tube feeding, and who were postoperatively supported by this method. Three of these people had partial gastrectomies performed, and one an ileostomy.

The serum protein component graph of a typical case in this category (Graph 1, R. C.) illustrates the protein picture.

Before surgery, the albumin component is well maintained and shows a slight increase. The alpha-1, alpha-2, beta and gamma globulins are kept at relatively constant normal levels. Immediately after surgery, albumin takes a precipitous drop, levels off as tube feeding is continued, and finally increases.

Serum sodium values are slightly below normal preoperatively, but increase to normal values during the postoperative recovery period (Table I, Patient Group 1).

Potassium values for these patients are elevated and tend to further increase immediately after surgery (Table I, Patient Group 1).

Our second category includes those patients who were not tube fed prior to surgery, but who began tube feeding within twenty-four hours after the operation. On these cases, blood samples were obtained preoperatively, and then at regular intervals during the tube-feeding period. A partial gastrectomy, ileostomy, colon resection, and one patient undergoing a total gastrectomy, splenectomy and removal of the head of the pancreas were the cases studied in this group.

The graph (Graph 2) of the absolute values of the serum components against time for F.B. is illustrative of the patients in this classification.

A sharp albumin decrease immediately after surgery is apparent. Pronounced also is the increase in gamma globulin concentration with the rise of acute infection. From the thirty-seventh to the seventieth postoperative days the gamma globulin concentration is greater than the albumin concentration. After this time, the infection began to clear, and with the clearing of the infection the albumin concentration began to approach its normal level and the gamma globulin concentration decreased. The alpha-1, alpha-2, and beta globulin concentrations remained fairly steady over the time period studied.

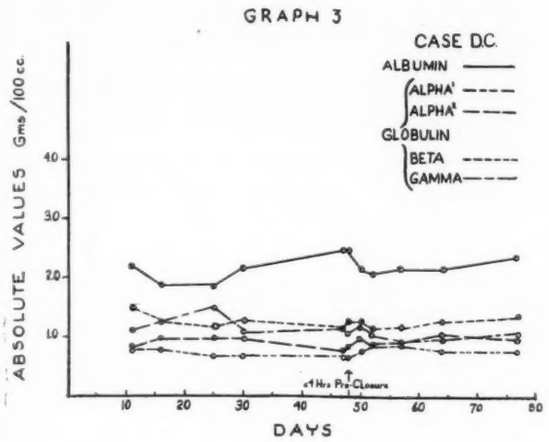
The sodium concentrations were well controlled in this group with the exception of the sharp decline in D.K., on the twenty-sixth postoperative day (Table I, Patient Group 2).

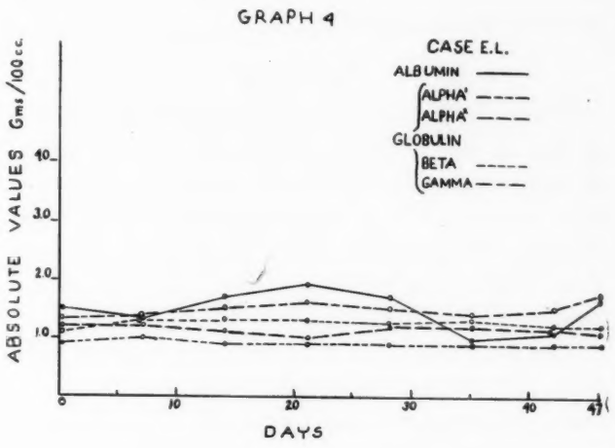
For F.B., the potassium values remained within normal limits for the entire postoperative period. D.K. showed a great fluctuation in potassium concentration indicating an increase with time (Table I Patient Group 2).

Our third category is composed of four patients who were placed on tube feeding at varying times postoperatively. The surgery undergone by these patients include a total gastrectomy, two partial gastrectomies, and a colostomy.

The graph of the absolute protein component

values against time for D.C. (Graph 3), a seventy-six-year-old woman, is typical for the people in this group. From this graph, we can see that the albumin concentration is well maintained and even tends to increase. All of the globulin components are well controlled and remain close to their normal values.





For the cases in our third patient classification, sodium values remained at normal levels (Table I, Patient Group 3). Potassium values showed a trend toward increase and in one case, M.M., increased alarmingly between the tenth and twenty-first postoperative days. On the twenty-seventh postoperative day, this value decreased and approached a more normal level.

Our fourth patient group is composed of two inoperable patients who were placed on tube feeding. One patient, L.S., was suffering from a generalized abdominal carcinoma, and the other, E. L., from an ulcerative colitis with an ileostomy.

Graph 4 shows the absolute electrophoretic results plotted against time for E.L. The albumin concentration shows a sharp decrease on the thirty-fifth day of tube feeding after having shown an increase. After the thirty-fifth day, the albumin value shows a strong increase. All the globulin component concentrations remained at constant levels over the time studied. Sodium and potassium values are close to the normal ranges for these electrolytes (Table I, Patient Group 4).

Discussion

A program of systematic electrophoretic investigation, as has been outlined in this study, has been found to be a good way to determine the effects of a natural, high-protein, liquefied food, tube-fed diet on the human system. Whipple[9] has demonstrated that a state of equilibrium, indeed a dynamic equilibrium, exists between the serum proteins and the proteins of the tissues. The absolute electrophoretic serum component values then represent the state of the protein equilibrium at a given time. By the use of a series of electrophoretic measurements, we are therefore able to follow the patients' protein balance between serum and tissue.

Our results have indicated that a natural food, high-protein, liquefied diet will support a patient preoperatively and maintain him postoperatively. Albumin is maintained at a steady rate preoperatively, drops during the time immediately after surgery, and then increases as the traumatic effects of surgery pass.

In cases where infection developed postoperatively, or where it was present preoperatively, the gamma globulin value served as an index of the extent of the infection. For, under these circumstances, the absolute value of this component was markedly elevated.

The electrolyte sodium and potassium determinations were included in this study to ascertain the effects of this natural food diet, and the effects of the patients' condition on their value. In uncomplicated cases, these values remained close to normal. In more complicated cases, sodium showed a tendency to decrease and potassium a tendency to increase.

Werner[13] has suggested that the sharp reduction in caloric intake which generally accompanies operation and injury may be the entire explanation for the post-traumatic period of protein catabolism. It may be that the early feeding of

natural food, high-protein, diets balanced with adequate amounts of fats and carbohydrates, using electrophoretic and electrolyte determinations to accurately chart the course of the patient's progress may be in part a solution to the problem of post-traumatic catabolism.

Summary

Results of a preliminary electrophoretic investigation of the absolute component protein values of patients undergoing major surgery, who have been supported by a liquefied natural food, high-protein, oral feeding supportive program, indicate that this is a valuable procedure for the maintenance of these patients.

The best results obtained with this method have been on patients who have been preoperatively and postoperatively supported by this tube-feeding procedure. However, patients who begin this treatment postoperatively respond favorably to it.

The absolute value of the electrophoretic gamma globulin component remains constant and close to normal levels in cases in which infection does not develop. In those instances where infection does develop, the increase of this component serves as an index of the infection.

Initial determinations of sodium and potassium concentrations in uncomplicated surgical cases treated with this tube feeding technique show little variance from their normal values.

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A COMPULSORY HEALTH INSURANCE PLAN IN SWEDEN

A compulsory health insurance plan has been enacted in Sweden. It will be jointly financed by the insured persons, employers, and the government.

Insured persons will pay 44% of the cost; employers, 29%; and the state, 27%. The state's portion will be passed on to tax bills and thus absorbed by the higher-income earning groups. The total cost of the first year's operation of the insurance plan is estimated at $144 million.

State health insurance premiums must be paid by every person above the age of 16 who has a taxable income of at least $233 a year. This would automatically blanket in virtually all of the population with the exception of those receiving national old-age and disability pensions. Persons earning over $3,000 a year can carry an additional amount of insurance if they so desire, and will be entitled to larger sick benefits. On an annual income of $1,750, the health insurance premium is $25.22 yearly.

Among other broad benefits, the plan provides maternity protection for working women. Expectant mothers will receive 65 to 70 per cent of their normal earnings during the compulsory maternity leave. All mothers will receive a bonus of $52.38 for childbirth, in addition to free public-ward confinement in hospitals, or free obstetrical care at home.

Physicians' fees will be reimbursed 75 per cent up to a set ceiling.

The Problem of Making an Artificial Lung

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THE ORGANS which medicine has reproduced have been the mechanical ones—artificial arms, legs, and joints; lenses for the eye; hearing aids; artificial kidneys, hearts, and lungs. Reproduction of chemical organs—muscles and glands—is still far away. I shall talk about the artificial lung, largely from the standpoint of methods that have been employed in attempting to reproduce the high surface area coupled with relatively low blood volume that obtains in the mammalian lung.

The ideal substitute for the pulmonary capillaries would probably be a plastic network of comparable delicacy and fineness. Because no such technological achievement has currently come forth, it has been necessary to work with blood films that are in naked contact with oxygen.

An obvious method of creating a thin layer of blood without the benefit of enclosing walls to help control the thickness is to allow the blood to flow by gravity down a vertical surface. For a number of reasons, an unsatisfactory film tends to result. (1) Because blood is viscous, the film is many times thicker than a capillary, even at low flow; (2) As blood flow increases, so does the film thickness. A familiar analogy is to the Mississippi River at floodtime—although the velocity increases somewhat, most of the step-up in flow is represented by a rising of the river. (3) As blood flows slowly down a surface, it tends to do so in rivulets with intervening dry spaces, rather than as a completely wetting film. Tremendous loss of film surface thereby results. One method of combatting this phenomenon is to completely wet the surface with saline solution and thereafter keep it wet with blood at all times. Alternatively, one may employ the inner aspect of a vertical spinning cylinder as the filming surface. The centrifugal force imparted to the blood tends to overcome the surface tension which contracts the film.

Another method of filming blood that depends upon gravity flow is to deliver it into the upper end of a slightly tilted horizontal revolving cylinder (Fig. 1). Blood films the entire inner surface as friction and inertia carry the blood up while gravity pulls it down. The tilt harnesses gravity in an additional vector to transport the blood from one end of the cylinder to the other. There is little difference between this oxygenator and the Archimedes' screw oxygenator employed by Jongbloed (Fig. 2). It is predictable that these oxygenators have thicker films than those in which the force of gravity is not diluted by the inclined-plane effect of the inside of a cylinder. A similiar "waste" of gravity occurs in the baffles of the various tower packings used in the chemical industry for gas exchange.

Fig. 1.

Fig. 2.

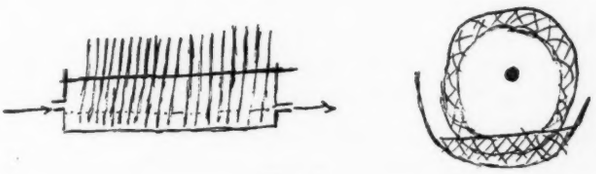

Fig. 3.

A different technique of filming blood employs a trough in which surfaces are continually being dipped, a procedure which at once permits them to pick up a fresh blood film to expose to the atmosphere above the trough and at the same time returns a similiar amount of blood which has already been exposed. The apparatus devised by Bjork consists of a shaft bearing many rotating metal discs that dip into the blood below (Fig. 3). Unfortunately the trough must hold a large blood volume, because if the discs are placed too closely together, foaming and bridging occur.

When attention is turned to techniques by

Abridgement of an address delivered at a staff meeting of the Detroit Receiving Hospital on Oct. 17, 1953.

which thinner films may be obtained, many appealing plans have to be abandoned because they are too harsh for the erythrocytes. Thus, they cannot, like Quaker Oats, be shot from cannons

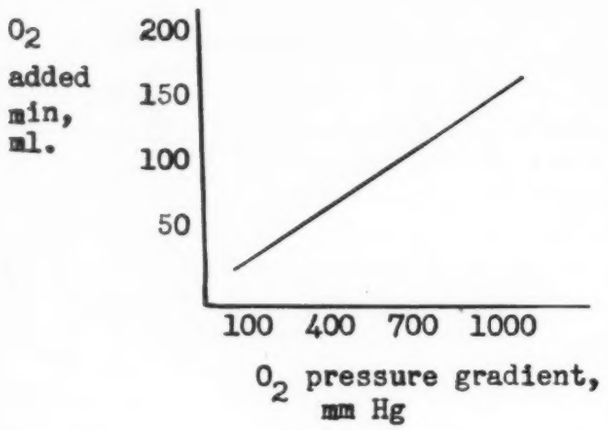

Fig. 4.

as a fine spray, nor may they be exposed on a drum similiar to a Padgett-Hood dermatone, using a knife edge to cut a film of a single cell's thickness. However, graduated centrifugal force may be employed to accelerate the blood with greater energy than gravity offers. As the blood accelerates, the film becomes thinner. There are practical limitations upon the amount of acceleration that may be employed, because the blood must be collected from the moving surface following the filming.

A radically different approach to oxygenating blood is to release oxygen bubbles directly into the blood. Even if the pulmonary capillaries cannot as yet be reproduced, at least the pulmonary alveoli or air sacs can be. Interesting problems and properties are associated with bubbles of various sizes. For any given total volume of gas, the smaller the radius of the bubbles, the larger the total surface area. As with all diffusion situations, gas transfer is a direct function of surface area. On the other hand, the buoyancy of larger bubbles is greater than that of small bubbles, and therefore large bubbles are more readily handled than small ones if separation of blood and bubbles by buoyancy is contemplated. Large bubbles are also considerably easier to burst or fuse.

Large and small bubbles lend themselves to development in quite different modes. If minute bubbles are formed in the blood by forcing oxygen through pores of 4 microns diameter moistened with a wetting agent, the enormous surface area will be comparable to that of pulmonary alveoli. Efficiency will be high, and an oxygenating chamber of low blood volume will be possible; but the task of removing unabsorbed oxygen bubbles to escape gas embolism is formidable. The problem may be solved in two ways. The oxygen added may be exactly metered to the subject's requirements, so that there will be no residual gas to cause embolism. The other solution is to compromise somewhat with bubble size. If slightly larger bubbles are employed, passage of the blood over a baffle coated with a silicone antifoam compound will bring about coalesence of the small bubbles to large ones. These will be buoyant enough to rise to the surface of the blood and burst, providing bubble-free blood for return to the subject.

Larger bubbles (diameter over 1 mm) are buoyant enough to be employed in a counter-flow system. That is, in a vertical column containing blood and bubbles, the blood may be added at the top and the bubbles near the bottom. Blood may be continuously withdrawn from the bottom of the column bubble-free because the rate of the climb of the bubbles established by their high buoyancy exceeds the velocity of the blood as it is withdrawn from the column. This dynamic system in part compensates for the lower total surface area of the bubbles because the blood in contact with the bubbles is exchanged at a far more rapid rate.

After this survey of techniques that have been employed to reproduce the lungs, it is appropriate to return to a consideration of the fundamental factors which control the rate of gas exchange, and how these may be manipulated to help us. The amount of oxygen introduced into the blood in natural or unnatural lungs over a set time interval is indicated by the formula, O_2 introduced $= K \times \text{Area} \times (P_G - P_L)$. The factor of surface area is obvious. Two lungs will introduce twice as much oxygen as one lung. The size of a mechanical lung must be adjusted to the anticipated oxygen requirements and to its power. The reserves in human pulmonary surface area are familiar; with but two-thirds of one lung remaining, a person may be comfortable at rest. $P_G - P_L$ expresses the gradient in oxygen pressure between the gas and the blood. That the effect of the gas pressure gradient is a linear one

is shown by the following experiment. The Bjork dipping disc oxygenator was run with oxygen pressure gradients of 100, 400, 700, and 1000 mm Hg; Figure 4 shows that the oxygen added

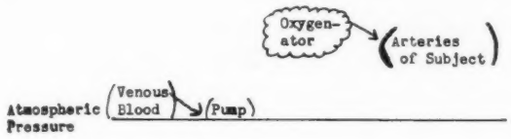

Fig. 5.

is proportional. It is therefore reasonable for artificial lungs to employ as high an oxygen pressure as possible. Most use 95 or 100 per cent oxygen at barometric pressure, but they could be smaller if operated at higher pressure. K is an inclusive factor which integrates the effects of membrane and blood film thickness, turbulence in gas and blood, flow rates of gas and blood, temperature, hemoglobin concentration, and pH.

Of these factors determining K, only turbulence —of especial importance—will be discussed. When a liquid flows in a laminar, non-turbulent fashion, changes in relative position between the molecules are minimal, and all move at the same rate in the same direction. With turbulent flow, there are eddies and currents within the stream. The blood at the surface rapidly exchange with that beneath it, and there are similiar exchanges in process at deeper sub-surface levels. The type of diffusion which occurs into liquid which is still or in laminar flow (called *molecular diffusion*) is slower than that which occurs into agitated or turbulently flowing liquid (*eddy diffusion*). In molecular diffusion, the kinetic energy of the gas molecules is the sole distributing force, and the gradient across the gas-fluid interface or membrane is limited by the build-up of gas pressure in the fluid bordering on the interface or membrane. Eddy diffusion, on the other hand, supplements molecular diffusion by constantly churning the fluid. Gas pressure gradients within the fluid are minimal, while the gradient between the gas and the liquid is maximal. The contrast is the same as between the cooling rates of soup which stands and soup which is stirred.

The two mechanical lungs of greatest current prominence, those of Drs. Gibbon and Dennis, lean heavily upon turbulence for their performances. In Gibbon's oxygenator, blood flows by gravity down both sides of vertical wire mesh, the irregularity of the wire surface imparting turbulence to the blood. Dennis' lung, both

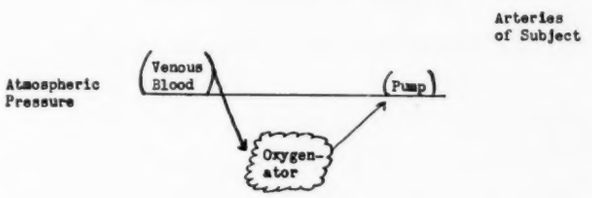

Fig. 6.

more complex and more powerful, employs centrifugal force to film blood on wire cloth spinning discs.

In planning what arrangement of pumps to use in conjunction with the mechanical lung, it is interesting to speculate why we mammals have right and left hearts instead of a single heart with the pulmonary bed located either before or after the systemic one. If the pulmonary bed had to deliver systemic arterial pressure, the delicate capillary structure as we know it would be impossible, and the hydrostatic pressure would flood the alveoli with edema fluid. On the other hand, the blood in the superior and inferior vena cava is at atmospheric pressure and could not perfuse even the low-resistance pulmonary bed. However, with mechanical lungs there is greater latitude, and a one-hearted circuit is possible. It is true that most circuits are patterned after the human one, with pumps before and after the lung, but each of the other two possibilities offers special advantages. A single pump may be located before the oxgenerator, which is maintained at a pressure sufficiently above atmospheric to perfuse the systemic circulation (Fig. 5). Although the circuit is difficult to control, it offers the great advantage of increase in oxygen pressure. With greater power, the machine may be smaller. The second possibility is to place a single pump beyond the oxygenator, which is maintained at a sufficient pressure below atmospheric to draw the blood directly from the great veins (Fig. 6). Although losing oxygen pressure, this circuit is simple to operate and does dispense with one pump.

There are many problems associated with artificial lungs that we have insufficient time to dis-

(Continued on Page 1352)

A Page from Medical History

II. The Garden of Eden

By John E. Summers, M.D.

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OUR ACTUAL knowledge of the practice of medicine in ancient Babylonia ("The Cradle of Civilization") is very scanty; it rests upon a few passages in the Code of Hammurapi, a few remarks by Herodotus (the first historian) and what we can deduce from the now extensive understanding of the culture of the peoples of that day. Inasmuch as medicine is only one facet of human endeavor, perhaps we can grasp some idea of what the practice of medicine consisted of in Babylonia if we become acquainted with the general aspects of that, the first civilization, of which we are the recipients.

The traditional site of the Garden of Eden is in Mesopotamia, a few miles northwest of Baghdad, the land between the Tigris and Euphrates rivers. It is in this land where Ur of the Chaldees, Lagash, Nippur, Babylon and Nineveh are located.[3]

"And the Lord God planted a garden eastward in Eden; and there he put the man whom he had formed." (Gen. 2:8).

"And a river went out of Eden to water the garden; and from thence it was parted, and became into four heads." (Gen. 2:10).

"The name of the first is Pison; that is it which compasseth the whole land of Havilah, where there is gold." (Gen. 2:10).

"And the name of the second river is Gihon; the same is it that compasseth the whole land of Ethiopia." (Gen. 2:13).

"And the name of the third river is Hiddekel; that is it which goeth toward the east of Assyria. And the fourth river is Euphrates." (Gen. 2:14).

We do not know from whither man cometh or to whither he goeth but we do know from extensive archaeological investigations that he has been present on the earth for thousands of years. Before writing was invented, we know prehistoric man by his work, i.e., building, tools and manufacture. The very interesting habit of early peoples of building one city over the ruins of the preceding one has made it possible for us to obtain the story in a consecutive way.

Thus, one of many such mounds, called Tepe Gawra (The Great Mound)[3] was discovered in 1927, fifteen miles northeast of modern Mosul (ancient Nineveh) in Iraq. Systematic excavations revealed that Tepe Gawra contained twenty-six individual occupation levels, but only the upper six of these levels belong to the historic age.

We do not know exactly when man began to leave his nomadic life and began to live in settled communities. "But the absolute beginnings of settled occupation, which marks man's divorce from nomadic existence, are believed to have been found only in 1948, with the discovery of this primitive site in Iraqui Kurdistan".[3] The settlement is dated between 5000 and 6000 B.C.

As far back as we know, white men lived in Europe and around the Mediterranean, black people lived in Africa and yellow men were living in Asia. Inasmuch as our civilization was begun in Babylonia, Egypt and the neighboring countries, passed to and was further developed in Greece, Rome and Europe, we are mainly concerned with these sources and not so much with the cultures of the black and yellow races.

There is some difference of opinion as to which is the older culture; Babylonia or Egypt. It is probable that they arose, along with other less well-known cultures, at about the same time, although many students of this problem believe that civilization first arose in The Plain of Shinar, now known as Mesopotamia, the land between the Tigris and Euphrates rivers. Writing and the use of metal during the third millennium B.C. ushered in the historic age in Mesopotamia. Southern Mesopotamia was known as Sumer (Biblical Shinar: Genesis 10:10). To the north of Sumer were the Akkadians; later on they were to be distinguished in the south by the Babylonians, in the northwest by the Assyrians, and in the west by the Amorites.

The history of life around the Tigris and Euphrates rivers has been divided into three parts: (1) the story of Babylonia (1900-1750 B.C.); (2) the story of Assyria (750-612 B.C.); and (3) the story of the Chaldeans (612-538 B.C.).[1]

How is it that we know so much about these people? The excavation of the cities, layer by layer, has revealed temples, dwellings, stables, tools, pottery, ornaments, and weapons. Fortu-

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nately for us they developed their writing on clay tablets, so many of these have been preserved.

From the ruins of the library of Assurbanipal, the last great Assyrian Emperor and the grandson of Sennacherib, 22,000 clay tablets have been recovered and are now in The British Museum. These tablets contain the religious, scientific and literary works of past ages. The excavations of The Royal Cemetery at Ur by the British and Pennsylvania Museums have revealed much of the culture of the early Sumerians. These latter "digs" have revealed that the Sumerians practiced mass burials. Apparently, when a man of distinction died, all of his servants and slaves, male and female, draft oxen yoked to their wagons, household implements, treasures and weapons were buried with him. Due to the gold, silver and precious stones buried in this way, grave robbers have pilfered most of these graves, just as they have in Egypt. The discovery of The Code of Hammurapi in 1901 by M. de Morgan has given us the earliest known code of laws.[2]

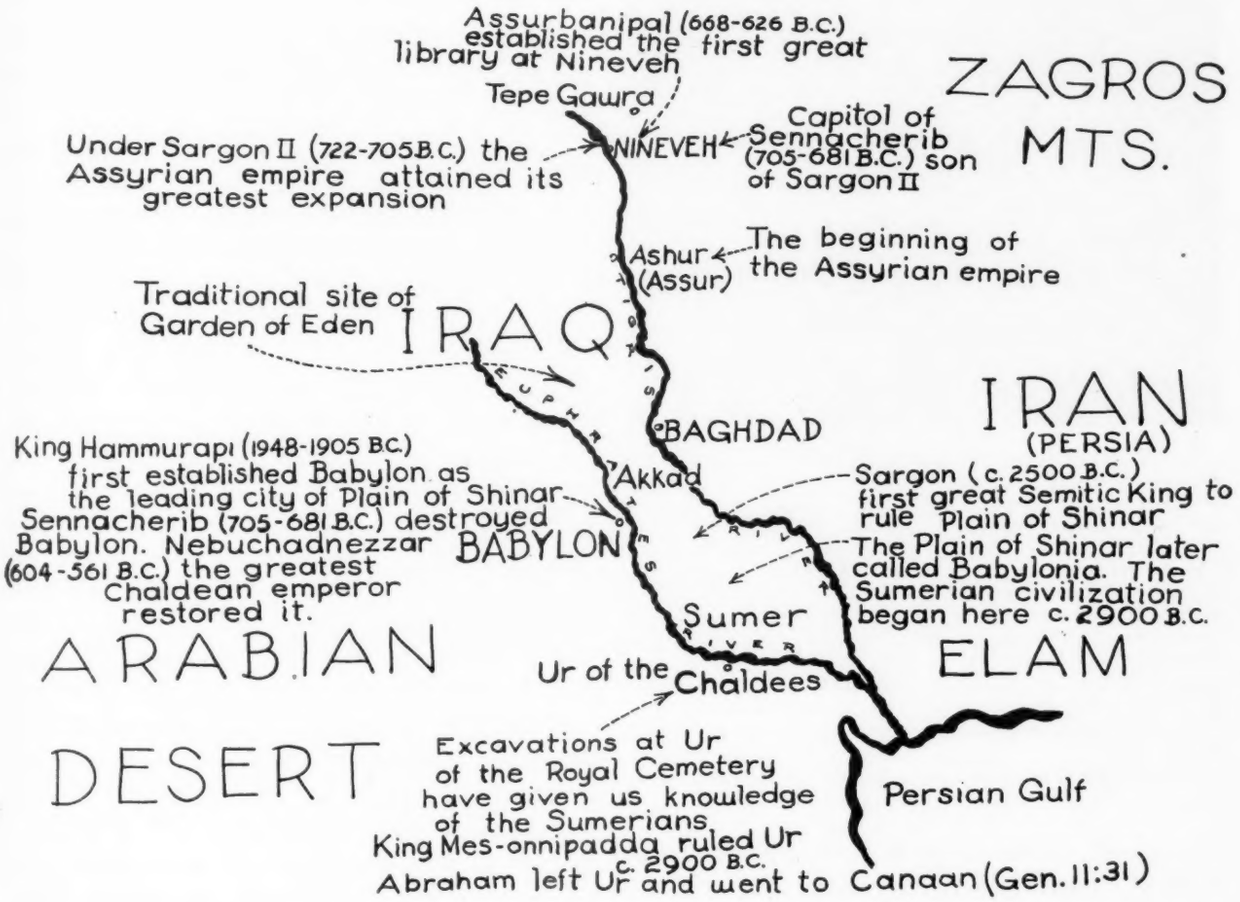

Fig. 1. Mesopotamia, "the land between the rivers," "the cradle of civilization," arose 7000 years ago. The history of civilization between the two rivers (Tigris and Euphrates) has been described in three chapters:

1. Early Babylonia 2900 to 1750 B.C.
2. The Assyrian Empire 750 to 612 B.C.
3. The Chaldean Empire 612 to 538 B.C.

The life of these early people centered around their temples. A large temple of the Sumerians is known as a Ziggurat. The excavation of the Ziggurat of Ur was first begun in 1854.[9]

The Sumerian writing is called cuneiform (Latin cuneus, meaning "wedge"). Sir Henry Rawlinson deciphered the cuneiform from the Triumphal Monument of Darius the Great.[1]

High Sumerian civilization is first found in Ur of the Chaldees. Abraham of biblical fame lived in this city.

"And Terah took Abram his son, and Lot the son of Haran, his son's son, and Sarai his daughter-in-law, his son Abram's wife; and they went forth with them from Ur of the Chaldees, to go into the land of Canaan." (Gen. 11:31).

Fig. 2. Triumphal Monument of Darius the Great, the Rosetta Stone of Asia, on the Cliff of Behistun. Darius the Great (521-485 B.C.), Persian King, had this great monument twenty-five feet high and fifty feet wide carved in the rock cliff 300 feet above a main road at Behistun. This is the most important historical document surviving in Asia. Below and to the right of the relief shown here are recorded the triumphs of Darius in three languages: (1) Persian; (2) Babylonian cuneiform; (3) Elamite. Sir Henry Rawlinson, knowing the Persian cuneiform, was able to decipher the Babylonian cuneiform, whereupon the thousands of clay tablets recovered from the city-mounds of Babylonia began to tell us the history of that people.
(Photograph obtained from the British Museum).

A few of the names of the ruling kings of the Plain of Shinar may be mentioned: Sargon of Akkad (c. 2500 B.C.); Naran-Sin, of Akkad, grandson of Sargon; Hammurapi of Babylon (1948-1905 B.C.); Sargon II of Assyria (722-705 B.C.); Assurbanipal of Assyria, the grandson of Sennacherib; Nebechadnezzar of Bablyon (604-561 B.C.).

It has been shown that the Hebrew patriarchs incorporated parts of "The Code of Hammurapi" and parts of the epic Stories of the Babylonians into their teachings (The Old Testament).

The Sumerian legend of Paradise, "The Flood and the Fall of Man" is of an epical nature and probably represents more nearly than any production yet discovered the national epic of the religious and cultured Sumerian people. The synopsis of this epic is: "The theme which inspired this epic is the Fall of Man, and it will be generally admitted that this theme suggests the most profound ideas and inspires the deepest emotions of man. Enki, the water god, and his consort Ninella, or Damkina, ruled over mankind in Paradise, which the epic places in Dilmun. In that land, there was no infirmity, no sin and man grew not old. No beasts of prey disturbed the flocks, and storms raged not.

In a long address to her consort, Ninella glorifies the land of Dilmun, praising its peace and bliss.

But for some reason, which is all too briefly defined, Enki, the god of wisdom, became dissatisfied with man and decided to overwhelm him with his waters. This plan he revealed to Nintud, the earth mother goddess, who with the help of Enlil, the earth god, had created man. Nintud, under the title of Ninharsag, assisted in the destruction of humanity. For nine months, the flood endured and man dissolved in the waters like tallow and fat. But Nintud had planned to save the King and certain pious ones. These she summoned to the river's bank where they embarked in a boat. After the flood, Nintud is represented in conversation with the hero who had escaped. He is here called Togtug and dignified by the title of a god. He becomes a gardener, for whom Nintud intercedes with Enki and explains to this god how Togtug escaped his plan of universal destruction. Enki became reconciled with the gardener, called him to his temple and revealed to him secrets. After a break, we find Togtug instructed in regard to plans and trees whose fruit the gods permitted him to eat. But it seems that Nintud had forbidden him to eat of the Cassia. Of this he took and ate, whereupon Ninharsag afflicted him with bodily weakness. Life, that is, good health, in the Babylonian idiom, he should no longer see. He loses the longevity of the prediluvian age."[5]

"The Code of Hammurapi" (1948-1905 B.C.), the oldest known code of laws, gives us invaluable knowledge of the Babylonians. The code, in cuneiform, is divided into three parts:

(1) The Prologue; (2) The Code itself; (3) The Epilogue. Illustrative portions from each part will be quoted.[2]

"When Anu (the father of Ishtar, worshipped very early at Uruk), the majestic, King of the Anunnaki (the evil spirits, visible in the black clouds of the heavens), and Bel (a god, worshipped at Nippur and elsewhere), the Lord of Heaven and Earth who established the fate of the land, had given to Marduk (the God of Babylon;

it is the Medorach, often found in compound names in the Bible), the ruling son of Ea (God of the waters), dominion over mankind, magnified him among the Igigi (the kind spirits, personified by the white clouds of the heavens), and called Babylon by his great name; when they made it great upon the earth by founding therein an eternal kingdom, whose foundations are as firmly grounded as are those of heaven and earth—it was then that Anu and Bel called me, Hammurapi, the exalted prince, a God-fearing man, by name, to cause justice to be practiced in the land, to destroy the wicked and the evil, to prevent the strong from oppressing the weak, so that I might go forth like Shamash (the Sun God, who had famous temples at Larsa and Sippar) to rule over the black-haired people, to give light to the land, and like Anu and Bel, promote the welfare of mankind."

(The prologue continues listing the deeds, accomplishments and subject peoples of Hammurapi.)

Representative parts of the Code are quoted in full below. After the quotation from "The Code of Hammurapi," references to similar passages in the "Old Testament" are given; the former being one thousand years older than the latter.

Fig. 3. Air view of the Ziggurat (temple tower) at Ur. Excavation of the Ziggurat of Ur was first begun in 1854. Most of the excavation was performed by the joint expedition of The British Museum and of The University Museum, Philadelphia, to Mesopotamia. The lives of these people centered around their temples. "If civilization is largely a way of fixing man's place in nature and society, how did the ancient Mesopotamians make these all-important adjustments? Very briefly, nature was to the thoughtful inhabitant of the Tigris-Euphrates valley a combination of capricious and violent forces, each personified by one or more gods.

The gods' actions were unpredictable; hence life on earth was ever restless and uncertain. Man must be everlastingly at pains to please and appease the gods so as to influence his own fate for the better." (p. 16 Everyday Life in Ancient Times). (Photograph obtained through the courtesy of the University Museum, Philadelphia).

"1. If a man make a false accusation against a man, putting a ban upon him, and cannot prove it, then the accuser shall be put to death." (See Ex. 22:18).

"3. If a man threaten the witnesses, or do not establish that which he has testified, if that case be a case involving life, that man shall be put to death." (See Deut. 19:16-19).

"7. If a man buy silver, gold, slave, male or female, ox, sheep, ass, or anything whatsoever from the son or slave of any person, without witness or contract, or receive the same on deposit, he is regarded as a thief, and shall be put to death."

"9. If a man who has lost any article find it in the hands of another and the man with whom the lost article is found say, 'a merchant sold it to me in the presence of witnesses,' and the owner of the article say, 'I can produce witnesses who know my lost property,' then shall the buyer bring the merchant who sold it to him,

and the witness before whom it was purchased, and the owner shall bring witnesses who know the lost property. The judge shall examine their evidence before God, and both of the witnesses before whom the price was paid, and of the witnesses who identified the lost article. If the merchant is then proven to be a thief, he shall be put to death. The owner of the lost article receives his property, the buyer shall recover the money he paid for the same from the estate of the seller."

"16. If a man conceal in his house a male or female slave, a fugitive from the palace, or from a freeman, and do not produce the same at the order of the officer, the master of that house shall be put to death."

"22. If a man carried on highway robbery and be captured, he shall be put to death."

"41. If anyone fence in the field, garden, or house of an officer, sub-officer, or tributary, and furnish the fencing material therefor, when the officer, sub-officer, or tributary return to the field, garden, and house, the fencing material becomes his property.'

"42. If a man rent a field for tilling and raise no crops; then he shall be called to account for not having cultivated the field, and he shall deliver grain to the owner of the field, in proportion to the yield of the adjacent fields."

"45. If a man let his field to another for a fixed rent and has received the rent for the field, but storms come and destroy the crops, the loss falls upon the renter." (Davies's comment: "This law is eminently unjust, and proves clearly that the rich man had advantage over the poor, and yet the same custom prevails today in our own land.")

"53. If anyone neglect to keep his dyke in proper condition and do not strengthen his dyke, and if a break take place, and the meadowland be inundated by the water, the man in whose dyke the break has taken place, shall pay back for the grain which was thereby destroyed."

"102. If a merchant have given money for investment to an agent, and the latter suffer loss in the place whither he went, he shall return the principal in full to the merchant."

"117. If a man incur a debt and sell his wife, son, or daughter for money, or bind them out to forced labor, three years shall they work in the house of their taskmaster; in the fourth year they shall be set free." (See Deut. 15:12, also Ex. 21:2).

"129. If a man's wife be caught lying with another man, both shall be bound and thrown into the water, unless the husband of that woman desires to pardon his wife, or the King his servant." (See Lev. 20:10, also Deut. 22:22).

"133. If a man be taken captive in war, and there is sustenance in his house, and his wife have left his house and court and have entered the house of another, because that woman has not guarded her body, but entered another's house, she shall be condemned according to law and thrown into the waters."

"141. If a man's wife, living in his house, has made her mind to leave that house, and through extravagance run into debt, have wasted her house, and neglected her husband, one may proceed judicially against her; if her husband consents to her divorce, then he may let her go her way. He shall not give her anything for her divorce. If her husband do not consent to her divorce and take another wife, the former wife shall remain in the house as a servant."

"142. If a wife quarrel with her husband, and say, thou shalt not possess me; then the reasons for her prejudices must be examined. If she be without blame, and there be no fault on her part, but her husband have been tramping around, belittling her very much, then this woman shall be blameless, she shall take her dowry and return to the house of her father."

"146. If a man take a wife and she give her husband a maid-servant for a wife, and this one bear him children, and then this maid-servant have tried to make herself equal with her mistress, because she has borne children, her mistress may not sell her for money, but may make her a servant, and count her as one of her servants." (See Gen. 16:1 ff, 30:1 ff).

"179. If a votary or sacred prostitute (one connected with a temple), to whom her father has given a dowry and a deed for the same, and has stated in the deed that she may bequeath her estate to whomsoever she please, and have granted her full powers to dispose of it; after her father dies, she may bequeath her estate to whomsover she please. Her brothers have no claim thereto."

"188. If an artisan adopt a child and teach him his trade, no one can demand him back."

"193. If the son of a Ner-se-ga, or a sacred prostitute, long for his father's house, and run away from his

(Illustrations on opposite page)

Fig. 4. A clay tablet in cuneiform relating the history of the early Sumerian and Semitic kings. A compilation made by a scribe in the 22nd Century B.C.
(Photograph obtained through the courtesy of the University Museum, Philadelphia).

Fig. 5. Alabaster statuette recovered from Khafaje, North of Baghdad. This is a statuette of a typical Sumerian, shaven and shorn, with hands clasped and wearing the flounced skirt. Eyes inlaid.
(Photograph obtained through the courtesy of the University Museum, Philadelphia).

Fig. 6. The gold head of a bull with lapislazuli beard from the sound-box of the lyre from the Royal Cemetery of Ur. Eighteen hundred and fifty graves were unearthed. The objects recovered were divided among the museums of Baghdad, London and Philadelphia. These discoveries revealed: (1) the extraordinary wealth and artistic quality of this epoch; (2) its antiquity showing the early civilization in Mesopotamia.

Fig. 7. The Code of Hammurapi (1948-1905 B.C.)
This is a slab of stone (black diorite) nearly 8 feet high. "Hammurapi is represented as standing before Shamash, the sun-god of Sippar, the ancient seat of the Hammurapi dynasty. The god is seated upon his throne, and is in the very act of delivering this code to the King, who humbly and reverently stands before him."[2] The writing is in cuneiform. The code is divided into three parts: (1) The Prologue. (2) The Code. (3) The Epilogue. The discovery of the Code of Hammurapi is one of the greatest achievements of archeology. It is now in the Louvre Museum in Paris, France.
(Photograph of the Code of Hammurapi obtained fromthe Louvre Museum, Paris, France.)

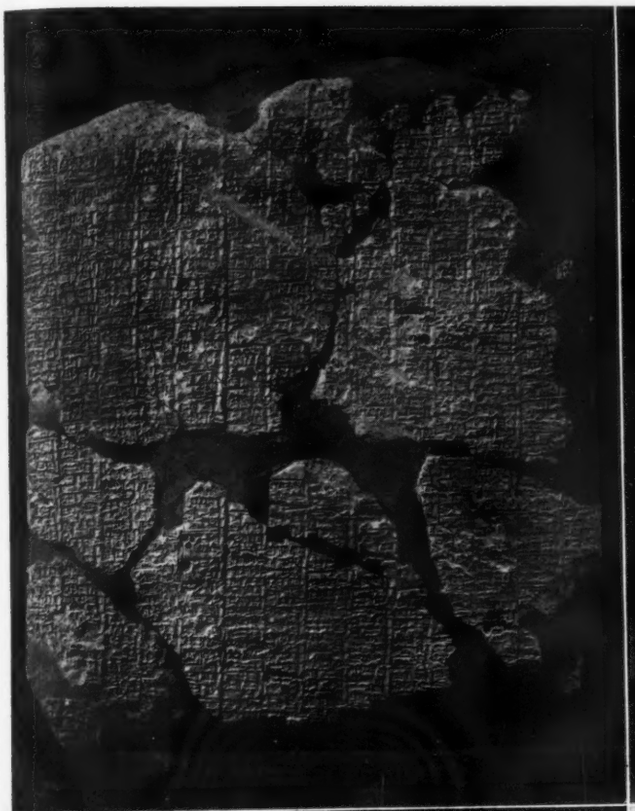

Fig. 4.

Fig. 5.

Fig. 6.

Fig. 7.

(See description on opposite page)

foster-father and foster-mother and go back to his father's house, one shall pluck out his eye."

"196. If a man destroy the eye of another man, one shall destroy his eye." (See Ex. 21:24-25, Lev. 24:20 and Deut. 19:21).

"200. If a man knock out the teeth of a man who is his equal in rank, one shall knock out his teeth."

"206. If one man strike another in a quarrel and wound him, he shall swear, 'I did not strike him intentionally,' and he shall pay the physician." (See Ex. 21:18 f).

"215. If a physician treat a man for a severe wound with a bronze knife and heal the man, or if he open an abscess (near the eye) with a bronze knife, and save the eye, he shall receive ten shekels of silver."

"216. If he (the patient) be a freedman, he shall receive five shekels."

"217. If it be a man's slave, his owner shall pay the physician two shekels of silver."

"218. If a physician treat a man for a severe wound with a bronze knife and kill him, or if he open an abscess (near the eye) and destroy the eye, one shall cut off his hands." (See Deut. 25:11 f).

"219. If a physician treat the slave of a freedman for a severe wound with a bronze knife, and kill him, he must replace the slave with another."

"220. If he open an abscess (near the eye) with a bronze knife, and destroy the eye, he shall pay one-half what the slave was worth."

"221. If a physician heal the broken limb of a man, or cure his diseased bowels, the patient shall pay five shekels of silver."

"222. If he be a freedman, he shall pay three shekels of silver."

"223. If he be a slave, his owner shall pay the physician two shekels of silver."

"224. If a cow-doctor or an ass-doctor treat a cow or an ass for a severe wound, and cure the animals, the owner shall pay the doctor one-sixth of a shekel of silver as fee."

"225. If he treat a cow or ass for a severe wound, and kill it, he shall pay the owner one-fourth its value."

"229. If a builder builds a house for anyone and does not build it solid; and the house, which he has built, falls down and kills the owner; one shall put that builder to death."

"230. If it kills a son of the owner of the house, one shall put to death the son of the builder."

"235. If a boat-builder builds a boat for a man, and does not make it tight; if in that same year the boat be sent on a trip and be damaged, the boat-builder shall rebuild that boat, and make it strong at his own expense, he shall give the reconstructed boat to the owner."

"242. If a man hire (an ox) for one year, he shall pay the owner four gur of grain for a working ox."

"250. If an ox, while passing through the streets (market) gore and kill a man, this case is not subject to litigation." (See Ex. 21:28).

"257. If a man hire a field-laborer, he shall pay eight gur of grain per year."

"274. If a man hire an artisan—

(b.) the hire of a bricklayer, five SE of silver.

(c.) the hire of a tailor, five SE of silver.

(g.) the hire of a carpenter, four SE of silver."

(There are 180 SE in a shekel; thus five SE would be 1/35 of a shekel; a shekel—65 cents).

"282. If a slave say to his master, 'Thou art not my master, if his master shall prove him to be his slave, he may cut off his ear."

The Epilogue:

"The just laws, which Hammurapi, the wise King, established. He taught the land a just law and a pious statute. Hammurapi, the protecting King, am I. I have not withdrawn myself. . . .

"The great gods called me, and I am the salvation-bringing shepherd (ruler), whose scepter is straight (righteous), and whose good protection extends over my city. In my breast I cherish the habitants of Sumer and Akkad: . . . That the strong might not injure the weak, and that the widow and the orphan might be safe. I have in Babylon . . . in order to administer justice in the land, to decide disputes, to heal injuries, my precious words written upon my monument, before my image as King of righteousness have I set up."

Hammurapi implores the various gods to wreak all kinds of disaster on his successors unless they follow his code and preserve his monument.

Herodotus, the first historian, who lived in the fifth century B.C., has this to say after his visit to Babylonia:

"They have also this other custom, second to the former in wisdom. They bring out their sick to the market place, for they have no physicians; then those who pass by the sick person confer with him about the disease, to discover whether they have themselves been afflicted with the same disease as the sick person, or have seen others so afflicted; thus the passersby confer with him and advise him to have recourse to the same treatment as that by which they escaped a similar disease, or as they have known cure others. And they are not allowed to pass by a sick person in silence, without inquiring into the nature of his distemper. . . . They embalm the dead in honey, and their funeral lamentations are like those of the Egyptians. . . ."[4]

While the Sumerians were among the first peoples on the earth to write, to live in cities, to erect large temples, to develop a written literature, to develop the wheel and the true arch, and while they engaged in farming and stock raising and engaged in business and trade, developed money and interest, keeping extensive records of all this in their cuneiform language written on clay tablets,

(Continued on Page 1440)

Hydrocortisone with Neomycin Ointment in Dermatologic Therapy

A Clinical Study

By M. B. Sofen, M.D.
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THE VALUE of hydrocortisone ointment in a number of dermatological conditions has been proven by several investigators and by much clinical use.[1,2] The present study was undertaken to ascertain the value of hydrocortisone with neomycin, a proven widely used broad spectrum antibiotic.

This study consists of 250 cases selected from private practice. In some cases the ointment was used alone, and in others it was used in conjunction with other forms of therapy. The efficacy of the medication in the latter group was judged by comparing the clinical response obtained from that which was expected from other conventional forms of therapy. The drugs were dispensed in 1 per cent and 2 ½ per cent hydrocortisone acetate mixed with 5 mgm of neomycin per gram. The base was a petralatum base.*

The following conditions were treated in substantial numbers: infantile eczema, eroseo, infectious eczematoid dermatitis, pruritus ani, contact dermatitis, and acute dermatitis venenata. The medicine was applied sparingly to the involved areas three to four times daily. Results were tabulated as "good" when the improvement was striking or more rapid than was to be expected from the usual types of therapy. Results were described as "fair" when improvement was not better than was to be expected from conventional treatment. "Poor" results were recorded when there was no improvement, or when improvement was slower than expected with conventional treatment. The chart below tabulates the clinical impressions obtained from the 250 cases of this study.

On the whole, the results of therapy with neomycin-hydrocortisone mixture were comparable to the results obtained from other studies using hydrocortisone alone. However, in such cases where a secondary bacterial infection was a prominent part of the dermatitis, the addition of neomycin to the ointment greatly increased the efficacy of the medication. In such cases both clinical and symptomatic improvement appeared to occur quicker than previous experience would indicate with neomycin used alone, affirming the anti-inflammatory action of hydrocortisone. Several observations are noteworthy from this study:

1. In the two cases of mild exacerbation of dermatitis, following the use of the combination, neither was due to the neomycin. There was no instance where the action of the neomycin seemed to be detrimental to the therapy.

2. The combination, including the antibiotic, in no instance in this series caused a monilia infection as might be expected from its use. This is true also in the pruritus ani cases where the danger of monilia is perhaps greater. On the contrary, the mixture was used in several cases of acute monilia infection on both hands and feet, and appeared to be of definite value.

3. The clinical results from the combination of neomycin and hydrocortisone were certainly comparable to the results expected from the use of hydrocortisone alone. In no way did the addition of neomycin impair the value of the latter drug.

4. It is a known fact that secondary infection and inflammatory reaction is of common occurrence in so many dermatoses which are not primarily of infectious origin. This fact would certainly be an inducement for the use of a safe antibiotic in the hydrocortisone ointment if the mixture were chemically and pharmacologically compatible. In this relatively small study this was found to be the case.

5. There is no question that the 2½ per cent strength gave better clinical results than the 1 per cent, as is true with the plain hydrocortisone ointment. This fact was especially obvious in the acute or severe stages of the cases treated, and not so noticeable in the subacute and chronic stages. For reasons of economy, some cases were treated with the neomycin-hydrocortisone

TABLE I.

Diagnosis	Total	Good	Fair	Poor
Infantile eczema	19	14	3	2
Atopic eczema in adults	6	4	2	0
Infectious eczematoid dermatitis including nummular eczema*	44	26	19	7
Monilia infection (hand and feet)	23	13	6	4
Pruritis ani	11	7	3	1
Acute dermatitis venenata† (weeds-topical medicines-etc.)	41	28	6	7
Disseminated neurodermatitis	24	7	8	9
Seborrheic dermatitis	12	6	2	4
Folliculitis of face	6	0	1	5
Tinea pedis with 'ids'	12	6	4	2
Contact dermatitis**	40	30	7	3
Echthyma (chronic and acute)	3	3	0	0

*This group contained cases of stasic eczema and varicose ulcers—clinical and symptomatic improvement was noted only while the medication was being used.
†The two cases apparently aggravated by the medication were both in this group.
**All cases avoided further exposure to the guilty contactent if it could be determined.

*Supplied as Neocortef by the Upjohn Company.

ointment mixed with the equal parts of Lassar's plain paste or with a water-miscible base. These mixtures proved to be compatible and well tolerated.

In each of the following conditions, one to four cases were treated with the ointment for one or two weeks. There was no improvement in any case that could be attributed to the medicine:

Boils	Lichen planus
Erythroplasia	Neurotic excoriations
Leukoplakia	Psoriasis
Pustular bacterids on the hands†	

There are several drawbacks to the wide use of this medication, which were obvious in this series:

1. The cost of the ointment is rather high—enough so that it would be prohibitive to the average patient if the lesion was widespread, as is unfortunately so often the case.

2. The relief of the itching in such cases as acute dermatitis venenata is not noticeable to the patient as quickly as with some anesthetic agent in common usage. For this reason its use in such cases may be discouraging to the patient. The average patient is apparently as interested in quick relief of the itching as in a more rapid cure of the dermatoses.

3. The fact that the medication used in this study was in an ointment base made it difficult to spread on some wet lesions. This drawback will be eliminated when a cream or lotion base is available.

4. Many of the cases, other than those that were self limited, had reoccurrences of the lesions and symptoms when the ointment was discontinued. In many cases this was as bad as the original dermatitis. In this series all recurrences were helped promptly by the further use of the medication.

†Dramatic improvement in one case so diagnosed could not be confirmed in other such cases, and makes the author doubt his original diagnosis.

Summary

Two hundred and fifty cases selected from private practice were treated with hydrocortisone-neomycin ointment and results obtained were comparable to those obtained with hydrocortisone alone, and in such cases where a secondary infection was present, results were far superior to the results expected from hydrocortisone alone. Several observations and drawbacks were noticed from this study and discussed briefly. It would seem that the use of the neomycin-hydrocortisone combination is certainly as valuable as hydrocortisone alone and of much greater value in certain selected dermatoses.

It is true that it is sometimes difficult to honestly judge the efficacy of a drug in many dermatoses, more especially in acute and inflamed conditions. So often a remarkable improvement is noted from the simplest of therapy or no therapy at all. In such a clinical study, without benefit of placebo comparisons, one may easily become overenthusiastic. In this study, the author recognizes that some of the impressive improvement may have been due to other factors (i.e., removal of known contactents in the contact dermatitis cases), but the value of this medication was appraised as objectively as possible and leaves no doubt as to the value of this combination of medicaments in a number of common dermatoses.

609 Kalamazoo National Bldg.

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THE PROBLEM OF MAKING AN ARTIFICIAL LUNG

(Continued from Page 1343)

cuss—control of clotting, carbon dioxide elimination, temperature control, denaturation of proteins, effects upon the formed elements of blood. We have considered only some of the physical aspects of imitating pulmonary function and the major techniques that have been applied to the problem up to the present time. Within the past five years the artificial lung has emerged from infancy into promising adolescence.

Acknowledgment

The author wishes to express his indebtedness to Mr. Joseph Engelberg, physicist associated with the Harrison Department of Surgical Research, University of Pennsylvania School of Medicine, in collaboration with whom he carried out the experimental work upon which some of this address is based.

St. Luke's Hospital Clinico-Pathologic Conference

Edited by
J. C. Smith, M.D.
Saginaw, Michigan

Clinical Record

The patient was a white male, 60 years old, who was well until approximately 3 years before entering the hospital. At that time, he developed urinary obstruction and this was relieved by prostatectomy performed elsewhere. Thereafter the patient was well except for frequency and nocturia of three to four times.

Approximately one year before the final admission, the patient entered the hospital for repair of a left inguinal hernia. This was performed and recovery was uneventful. The blood pressure was 158/90 mm. Hg. X-ray of the abdomen revealed renal outline shadows that were stated to be larger than expected. Intravenous pyelography disclosed elongation of the superior-inferior diameter of the renal pelvis on the right. There appeared to be some smooth distortion of upper portion of the right pelvis that also involved the middle and inferior infundibuli. The minor calyces revealed no dilatation. A similar distortion of the renal pelvis was apparent on the left. The ureters and lower urinary tract were not remarkable.

The patient then continued in his usual state of health, with nocturia and frequency, for most of the ensuing year. During the last two months of that period there were occasional episodes of slight hematuria. On the day before admission, the patient experienced extreme urgency with inability to urinate. This lasted for 24 hours and was accompanied by severe aching pain in the region of the urinary bladder. During this 24-hour period, a few drops of blood were passed. The patient was then admitted to St. Luke's Hospital.

Physical examination revealed a well-developed and well-nourished white male who was in acute distress. The temperature was 98.4 degrees, pulse 70, respirations 20, and blood pressure 170/110 mm. Hg. The head and neck were not remarkable. The chest was clear to auscultation and percussion. The heart was slightly enlarged to the left, the pulse was regular, and no murmurs were heard. The abdomen was soft and the liver was palpated 4 cm. below the right costal margin. The spleen was not felt. Palpation revealed to one observer slight enlargement of both kidneys, although this was not confirmed by others. There was moderate tenderness on the left and slight tenderness on the right. The urinary bladder was dilated and extended to the umbilicus. The prostate was enlarged, soft, and tender. The extremities were symmetrical and there was no edema.

Catheterization released approximately 600 cc. of bloody urine from the bladder. After this, the urine was pale yellow, slightly cloudy, alkaline, and of specific gravity 1.010. There were two plus proteinuria and no reducing substances or ketone bodies. The centrifuged sediment revealed large numbers of erythrocytes. Hematologic examination revealed 11.1 grams of hemoglobin per 100 cc. There were 3,700,000 erythrocytes and 12,000 leukocytes per cu. mm. Differential count of 100 cells revealed 67 segmented granulocytes, 25 lymphocytes, 4 band cells, 2 eosinophils, 1 basophil, and 1 monocyte. The non-protein nitrogen was 29 mg. per 100 cc. The serologic test for syphilis was negative.

On the third hospital day, cystoscope revealed trabeculation of the bladder and ureteral orifices of normal appearance. Retrograde pyelography was performed and the x-rays revealed appearances similar to those of the previous examination. There was, in addition, a suspected smooth encroachment along the upper portion of the left renal pelvis and it was thought that this was due to a cyst. The ureters were not remarkable. On the sixth hospital day, transurethral resection was performed and histologic examination of the specimen revealed glandular hyperplasia of the prostate. Recovery was uneventful and the patient was discharged on the twelfth hospital day.

Two months later, the patient re-entered the hospital with complaints of weakness, mental confusion, and pain in the region of the left kidney. The findings on physical examination had not changed. The blood pressure was 180/100 mm. Hg. The urine was yellow and cloudy, and the test for occult blood was positive. There were 8 gm. of hemoglobin per 100 cc., and 2,900,000 erythrocytes and 9,000 leukocytes per cu. mm. Differential count revealed a slight increase in segmented granulocytes and band cells. The non-protein nitrogen was 41 mg. per 100 cc. The patient became semicomatose, râles were heard over both lungs, the temperature rose to 105 degrees, and the patient died after six days in the hospital.

Discussion

DR. A. K. CAMERON: This patient underwent prostatic resection 3 years before the last admission and since that time was well except for urgency and frequency. Slight retention is not uncommon after prostatic operations but these complaints may also indicate a disturbance of the urinary tract above the bladder. Two years later the patient entered the hospital for herniorrhaphy. At this time, there was slight elevation of blood pressure and the abdominal and retrograde x-ray studies revealed changes strongly suggestive of bilateral polycystic renal disease. These changes include enlargement of both kidneys with lengthening of both renal pelves and smooth distortions of the pelvic margins. The ureters of normal size indicate that obstruction in the lower urinary tract was not pronounced. About 10 months later, hematuria was first noted. This bleeding may have been from the region of the prostatic resection or from the trigone. We know that 10 to 15 per cent of patients in the 2 to 4-year period after transurethral prostatic resection develop hematuria or some degree of urinary obstruction. The hematuria may come from varicosities of the trigone, sloughing of residual prostatic tissue, hemorrhagic cysts of the prostatic mucosa, or fibrosis at the resection site causing interference with opening and closing of the urinary bladder. However, the site of this lower urinary tract bleeding is not difficult to identify, and I am tempted to assume that the hematuria originated in the kidneys. In polycystic disease the kidneys may or may not be palpable. In this case, there is a suggestion of enlargement of both kidneys as seen on the abdominal

x-ray, and one observer states that the kidneys were palpable and slightly enlarged. Now the clinical picture of polycystic renal disease becomes quite complete, and includes bilateral renal enlargement with lengthening and distortion of the pelvic shadows accompanied by hypertension and hematuria. In addition, the repeatedly low specific gravity of the urine indicates that compression of renal parenchyma by the cysts was extensive. However,

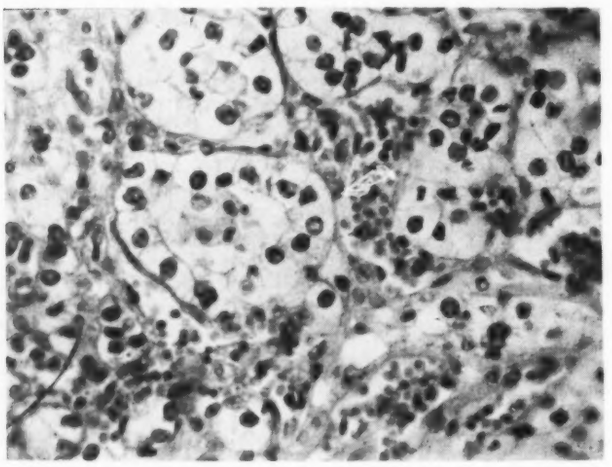

Fig. 1. Microsection of carcinoma of renal parenchyma showing tubular arrangement of tumor cells.

it must be emphasized that these measurements of specific gravity were not taken daily, and were not taken on 24-hour samples, so that the impression of advanced and diffuse renal disease based on this factor may be inaccurate.

Now even though the diagnosis of bilateral polycystic renal disease appears to be pretty well established, there are several features of the subsequent clinical course that cause me to hestitate. The patient is 60 years old and is beyond the age at which polycystic kidneys ordinarily prove fatal. The blood pressure is only slightly elevated and this degree of hypertension is not uncommon for a male at the age of 60 years. In addition, a higher pressure might be expected if we assume that the renal disease is diffuse and so extensive as to reduce the concentrating function of the tubules and to cause death two months later. Hematuria was present only during the last four months of life and this is often caused by other lesions such as tumor. The most irregular feature is that the patient now becomes rapidly and progressively worse and dies without developing uremia. This is not the usual course for polycystic disease of the kidneys, and suggests widespread metastatic tumor. In view of this atypical course, I believe the record should be evaluated for evidence of malignant tumor.

Returning to the x-rays, we find an encroachment at the upper pole of the left kidney that obliterates the entire pelvic shadow in that region. Polycystic disease does not ordinarily obliterate any large segment of the renal pelvis. However, compression of a large portion of the renal pelvis is common in carcinoma of the kidney. During the one-year interval between the last two retrograde studies, enlargement of the lesion at the upper pole of the left kidney is apparent. Pronounced enlargement of a single cyst in polycystic disease is uncommon. I need hardly mention that hematuria is almost constantly associated with carcinoma of the kidney at some stage. Thus several features are most suggestive of malignant tumor of the left kidney. In summary, the presence of hypertension, hematuria, and renal enlargement associated with elongation and distortion of both renal pelves appears to establish the diagnosis of polycystic renal disease. However the rapidly progressive course suggestive of metastatic disease, the absence of uremia in the terminal illness, and the excretory urograms showing an enlarging lesion of the left kidney with obliteration of the upper pelvic space indicate the presence of malignant tumor at that site. I shall then make the two diagnoses of bilateral polycystic renal disease and carcinoma of the left kidney with widespread metastases.

DR. J. C. SMITH: I suppose we have all been cautioned at some time against making two diagnoses for one clinical condition. The diagnosis of polycystic disease rests largely on the interpretation of the radiographic changes of the renal pelves. Dr. Caumartin, do you believe that these x-rays establish the diagnosis of polycystic disease?

DR. H. T. CAUMARTIN: Not at all, although my impression prior to this atypical and rapid course was that this patient had polycystic kidneys. The retrograde studies are strongly suggestive of this lesion. However, I must say that some anatomic variation of the right renal pelvis may account for this unusual appearance.

Diagnoses of Dr. Cameron

Bilateral polycystic renal disease
Carcinoma of left kidney with widespread metastases

Anatomic Diagnoses

Carcinoma of left kidney
Metastatic carcinoma of myocardium, lungs, pleura, liver, ileum, right kidney, para-aortic lymph nodes, and right and left adrenals

DR. J. C. SMITH: The left kidney weighed 560 gm. and revealed a carcinoma of the parenchyma that extended into the renal pelvis. The right kidney weighed 220 gm. and was not remarkable except for several metastases within the cortex that measured up to 1.5 cm. in diameter. Distortion of the right renal pelvis was not apparent at autopsy. Microscopic examination revealed, in different portions, solid, tubular, and papillary arrangement of the tumor cells. The tubular portions were lined by large clear cells. (Fig. 1)

Grawitz described renal carcinoma in 1883 and believed the tumor to arise in ectopic adrenal rests within the cortex of the kidney. According to Willis[2] this was disproved by Stoerk in 1908, and by others subsequently. Willis states that the tumor shows no predilection for the upper or lower pole of the kidney and may arise in small adenomas in any portion of the cortex. Extension into the renal vein is frequent and malignant cells are often disseminated as tumor emboli. The most frequent presenting complaints are hematuria and lumbar pain. The first sign may be metastatic tumor and this is occasionally in bone or cerebrum. Ackerman and Regato[1] cite the cases of Bell who found metastasis in sixty-six of eighty-four cases in which the renal tumor exceeded 5 cm. in diameter. In an additional sixty-five cases in which the primary tumor measured less than 5 cm., there were only five cases with metastases. Common sites of metastases in order of decreasing frequency include lungs, liver, cerebrum, and bone. The mean duration of carcinoma of the kidney in the series of Albarran, as cited by Ackerman and Regato, was 4.5 years.

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The Ounce of Prevention

It should be unnecessary to urge doctors to encourage periodic health examinations. This is not a new idea and has been practiced by some of us with great satisfaction to patients and doctors alike. The present proportion of doctors to the population in Michigan, does not disclose any sound reason for neglect of this important field of medical practice.

Has specialization gone to such extremes that there are no longer enough doctors who can do a good routine physical examination? If that is the sad conclusion to be reached, then our profession may expect more, and not less, critical appraisal of the doctors.

Surely we do not wish to let the public feel they are getting an adequate physical appraisal when they are "screened" in a program sponsored by the Health Department. There is no substitute for thoroughness.

The value of the periodic health examination is sound. It is the foundation of medical practice from which prevention and treatment stem and on which the most enduring patient-physician relationships are built.

Let us not forget the pillars of good medical practice:
A careful subjective history.
A complete physical examination.
The use of special laboratory procedures, when indicated.
A summary of the salient points for your record.

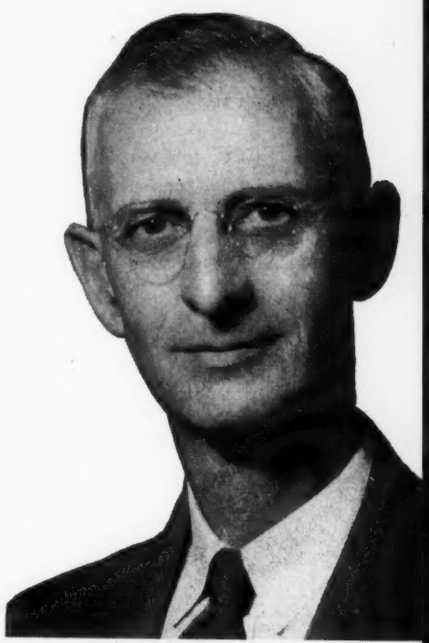
Finally—
Tell your patient what your findings indicate.
Give pertinent advice.
Have patient report any new symptoms.

By this ounce of prevention—your patient reaps pounds of health protection. By a careful health examination the doctor is rewarded in his practice by untold good will and satisfaction.

Robert H. Baker

President, Michigan State Medical Society

President's



Message

Editorial

HOSPITAL STAFF APPOINTMENTS

For several years we have heard many complaints from general practitioners and other members of the society, about the impossibility of securing suitable staff appointments in the hospitals. That complaint was one of the reasons given for the formation of the American Academy of General Practice. Such a criticism has seemed unnecessary. The Ingham County Medical Society Bulletin for October contains a message from the president, H. E. Cope, M.D., which is worth reading. We are reproducing it:

"Do you know of any other large community in which the practice of medicine is conducted under conditions as nearly ideal as in Ingham County?

In how many areas in this country can a young doctor obtain staff appointment and hospital privileges in the first year of his practice?

Why is there no rivalry between the staffs of the individual hospitals in Lansing?

The present conditions for medical practice in this area did not just happen. They are the result of long term thought and planning and concerted action on the part of the membership of the Ingham County Medical Society over the years. They represent the expenditure of considerable time and energy on the part of a large number of men. If you, as an individual practitioner of medicine, want these conditions to be maintained and improved, you can do so only by maintaining an active personal interest in the affairs of the Society. We believe interest in and loyalty to the Society can be largely measured by attendance at the business meetings.

Is an hour a month too high a price for you to pay for the privilege of practice in this community?"

This is a very stimulating and worthwhile message, testifying to the feasibility of staff appointments in Lansing hospitals. We believe other counties could make a similar report. We know the condition in Calhoun County. Every new doctor who settles in the county is immediately invited to the County Society meetings and asked to join. As soon as that preliminary is accomplished he is eligible to apply for staff privileges in any or all of our hospitals. Applications for membership in either the society or the hospital staffs must be read at one meeting, referred to the credentials committee who make a report the next month, and the member can be voted in. Every practicing doctor of medicine in the county is a member. We have a joint credentials committee for the hospitals in Battle Creek and the committee report is accepted by each staff. Younger and unknown men are told whether they have minor or major privileges, and periodically these are reviewed until full acceptance.

The Councilor in Calumet reports that young physicians and new members have no trouble being appointed to the hospital staffs and becoming full privileged members. They need however some method of close supervision until the younger doctor has proven his qualifications.

If other counties have liberal and available staff appointments, why not write and tell us?

U. S. POSTAGE

Every year the Post Office department reports a deficit, and usually asks for increases in rates. Just recently there was a proposal to increase rates for second class mail. Magazines like our JOURNAL would have to pay more. We are willing, but we think there might be some economies practiced in the use of U. S. postage. The Editor lives on a rural mail route, and frequently receives advertising sheets printed like a newspaper, and probably going for a very few cents a pound. The address is printed: "Patron Rural Route, Patron Post Office Boxholder, Patron Lettercarrier Route." We believe that covers almost everyone. These sheets are mass printed and dropped into the mail. The Post Office must sort and deliver each one separately, which costs about as much as first class mail. We have had many of these recently, some advertising political candidates, some advertising chiropractic, some advertising various of the questionable health insurance companies criticized by the Federal Trade Commission.

We have also just seen light manila "House of Representatives" envelopes sealed and bearing the "frank" of two different Congressmen from other states. Inside one was a laudatory speech supposed to have been given in the House several years ago about some Michigan man who is now a candidate for reelection in another district. The address was "Rural, Star-Route or Post Office

Box Holder-Local Michigan". Also on the cover was printed "part of Congressional Record—Free." On the sheet inside at the top were the words "Not Printed at Government Expense."

Maybe someone paid for the actual running of the sheet through the press. The envelopes were government standard, the work of folding, inserting, and mailing, and the postoffice handling were certainly not insignificant. This particular item was for a candidate of one congressional district, but the whole state was probably covered, else why did the editor get one in another district.

We believe economies in the use of the mails would probably obviate much of the deficit which is accumulating.

BOOKS FOR BEAUMONT SHRINE

Since completing the Beaumont Shrine at Mackinac Island, the Michigan State Medical Society, especially its hardworking committees, has foreseen and brought the project to established fact and has been concerned with properly furnishing the monument.

Period furniture has been assembled, equipment for a trading station of the period, and surgical and medical supplies, which would be standard for that time, have been sought. Medical and surgical books of the 1820-30 period are rare and are mostly museum pieces. Studies in research, library surveys, and rare book houses have finally located a considerable number of authentic old masters.

The generosity and enthusiasm of our newly elected President-Elect, William S. Jones, M.D. and his wife, have secured for our shrine a most adequate and practically priceless gift of books to the Michigan State Medical Society.

We can think of no more worthy gift, and heartily thank our esteemed President-to-be. This gift was announced at the meeting of the Executive Committee of The Council, November 17, 1954.

SOCIAL SECURITY

The President has promised to recommend again that the medical and allied professions be taken into OASI. We have talked about this problem many times; we cannot see that it is insurance. We do not believe it is economically sound as now operated. We are told there is a huge surplus of about twenty billions of dollars put aside to pay the claims which have been or are being accumulated. Granted. So what? The money has been used for general expenses of the government and has always gone into the general fund after being collected by the internal revenue department. To be sure "bonds" have been deposited but when money is needed to pay larger claims, how do we cash these bonds? Issue a new loan or levy a new tax? There is no other way.

So much for the fundamental scheme. It has been accepted for about twenty years and has become part and parcel of our daily lives and future hopes. The scheme is accepted and cannot now be withdrawn. We recognize the picture, and can only offer our suggestions for betterment. The problem will meet us almost immediately—what is to be our reaction to the new bill? The new social security program is vastly different from what we did object to. We now object to the compulsory inclusion. There are groups which have been given a choice. Why not the medical profession?

We have had letters from our members, and conversations to the effect that we have always simply opposed this measure, have not outlined its benefits and have refused our members a chance to express their own reaction.

We have never completely opposed the program, but we do resent certain features: compulsion, forfeiture of benefits if one over sixty-five (under the new bill) earns one hundred dollars a month. The bill specifies $1,200 a year, but has a regulation that no one can be denied his benefits for any month in which he has earned less than $80, no matter how much he may have made during the year. We believe that after 65 one should be able to collect his "benefits" without hindrance or forfeiture.

We believe the requirements for medical certification of inability to work are covered by other methods. If a person is disabled he cannot draw until he is 65. A plan to determine the amount then due has been proposed, which should be of benefit. Four years may be omitted in the averaging of the last ten years, unless the insured has accumulated forty quarters before becoming disabled.

We firmly believe, however, that a disabled person should be able to draw his OASI benefits as long as he is totally disabled prior to age sixty-five.

There are many benefits in the OASI plan

which are distinctly desirable. If a man dies, his wife will draw stated benefits—also his children. A widow and two children under nineteen years of age may get as high as $200 per month. Analysis of the new bill and its provisions are now available, and should be studied by our members. Until this last bill was passed we were unable to find out very much.

PERIODIC HEALTH APPRAISAL

The advocacy of periodic health appraisals has been one of the objectives of the medical profession for many years. The editor remembers helping his father do them almost a half century ago. It is not new but is having a new application. There are planned programs on the topic for the coming months, worked out by a Committee of the Society. Such assays of busy men and women, many times lead to discoveries and treatment meaning the saving of life and health. This is a function of the active practice of medicine. It consists of many services leading to the discovery of hidden, neglected, or even suspected conditions of great importance.

There are many kinds of service doctors of medicine render, active practice of medicine being one of the most important. Public health service is indispensable. It is entirely different from the active practice of medicine, and has been so classified from the early days of our medical societies. The Michigan State Medical Society was responsible for the establishment of the first public health service in Michigan. We have read the minutes of some of the county medical societies for the last third of last century, when every doctor and every meeting was partly taken up with discussion and reports of the general state of health of the communities. Since the Public Health Service has become established it has been strongly believed by the profession that each practitioner should keep to his own adequate and self-satisfying part.

Surveys and studies leading to diagnosis are recognized as the practice of medicine. Surveys are apt to be very misleading in that the patient thinks he has had a complete examination and diagnosis and only needs treatment to be carried out. Actually he has been studied very incompletely, and in certain specified fields only.

The periodic health surveys which we are ad-

(Continued on Page 1360)

JOHN R. RODGER, M.D.

John R. Rodger, M.D., Bellaire, newly elected alternate delegate to the American Medical Association, was born in Elmira, Michigan. He graduated from High School in Minot, N. D., and received his B.S. degree from Jamestown College, N. D., in 1926.

After spending three years as YMCA Secretary in Minneapolis and St. Paul, Minn., he attended the University of Michigan Medical School, receiving his degree in 1933. He interned at Mountainside Hospital, Monclair, N. J., and since that time has been in general practice in Bellaire, Michigan.

He is past-president of the Northern Michigan Medical Society, since 1946 has been a delegate to the Michigan State Medical Society, and is on the Michigan Advisory Hospital Council. He is chairman of the Periodic Health Appraisal Committee, chairman of the Committee for Prevention of Traffic Accidents, is a member of the Committee on Rural Medical Service, Committee on courses in Medical Economics, and the Health Commissioner's Advisory Committee on Rules and Standards for Hospitals. He is chairman of the Rural Health Conference for 1954 and 55, and is on the Board of Trustees of the Michigan Health Council. Dr. Rodger is a lecturer for the University of Michigan Medical School on the topics, "Practicing in Smaller Communities" and "The Family Physician as Counsellor," and has been the author of a number of articles published in the Journal of the Student, and THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY.

He has been president of the School Board in Bellaire for six years, is a member of the Antrim County Board of Education, member of Lions Club, is on the Advisory Committee of the Northwest Michigan Child Guidance Clinic in Traverse City, member of the Board of Trustees of the Michigan's Aid Society and is on the Camp Committee for the State Y.M.C.A. Camps. He is a member of the Bellaire Methodist Church.

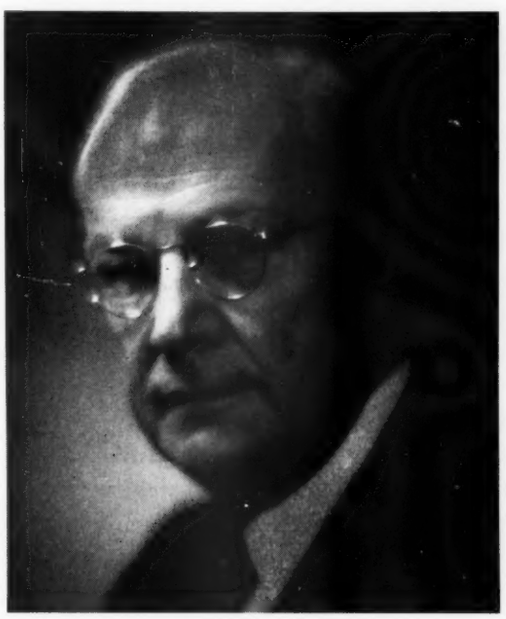
In 1935 he married Katherine Johnston and they have three children, Mary Jean, Eleanor Jo, and James.

Cyrus Cressey Sturgis, M.D.

Half Man, Half Myth

"If you want to be heard," Cyrus C. Sturgis, M.D., has said many times, "then be brief."

That's pretty sound advice, but when applied to the art of biography it can be treacherous. It would be extremely difficult, if not impossible, to be brief about Dr. Sturgis. In fact, it is doubtful that anyone in the State of Michigan who is even superficially acquainted with this man could come anywhere near characterizing his gleaming personality.



Frankly, the writer dislikes the responsibility of writing about Dr. Sturgis, because all one can do, in an oblique sort of way, is to communicate some isolated fragments of this man's life, a life which has become almost a living Michigan Medical Myth.

Don't misunderstand my use of the word "myth." There is nothing derogatory intended. Myths are important in our lives, just as symbols are. And perhaps no where than in the medical profession itself is myth more important.

Dr. Sturgis bridges the realities of medicine with the ideals of his profession. He, better than anyone the author knows at the University of Michigan Medical Center, connects these two spheres for the medical students. No doubt that is why he is considered one of the best teachers of clinical medicine Michigan ever had. No doubt that is why teaching medicine is still Dr. Sturgis' abiding love.

It is as a teacher that Dr. Sturgis must be fully appreciated. Some will no doubt dispute this claim, saying that he is much better, much more creative, and certainly more productive as the patient's doctor. Few have matched Dr. Sturgis' sense of quiet drama at the bedside. Few can even imitiate his genuine concern for the patient's welfare.

Let the man speak for himself: "Don't forget the art of medicine," he told me. "Medical art is the skill of winning the patient's confidence."

Then he added: "There is one thing which every doctor can do for the aged patient. You can always show an interest in him."

For Dr. Sturgis the art of medicine can be taught only indirectly through example. He keeps this firmly and colorfully in mind, as anyone who has watched him lead an entourage of interns and residents down the corridor of University Hospital would agree . . . stiff white coat, soft white hair, well-groomed, friendly smile, and above all, punctuality.

These essences of the practice of medicine (some of which seem to have gone the way of the old fashioned virtues) are the pigments which contribute to the total picture of Dr. Sturgis.

I asked him about punctuality. I asked him why he was so intensely concerned about the element of time, and he replied: "Punctuality is the keynote of the Department of Internal Medicine!"

He said he was strongly influenced by his mentor, Dr. Henry Christian, at Peter Bent Brigham Hospital. It was this man who convinced Dr. Sturgis to be on time, no matter what the occasion, no matter who was waiting.

Said Dr. Marvin Pollard, one of Sturgis' close friends and students, "I honestly think that Dr. Sturgis would rather be on time than anything else."

It is in this sense, you see, that Dr. Sturgis is visualized as something of a myth. There is a certain greatness in a man, it would seem, when he can deal with the realities of daily life and yet find it in himself to respect one of the old-fashioned virtues. In the author's opinion, the man who respects time is the man who can control it. Let me illustrate:

Dr. Sturgis wrote a book on hematology—before breakfast! That's the truth. For years he wakened

at 4:30 a.m. regularly, drank his cup of coffee, and wrote his book. Later when Mrs. Sturgis and the three sons were up, the doctor would have his second, family breakfast.

He still adheres to this Spartan-like schedule. He has relaxed a bit on the waking hour. Now it is 5:00 a.m. But he is at the hospital at eight o'clock for rounds. He has a large lunch at home . . . naps for one hour . . . takes an afternoon shower, and returns to the hospital. There he stays until six o'clock. Dr. Sturgis retires regularly between 8:30 and 9:00 p.m.

Dr. Pollard again testifies: "I am on time, too. But wherever I have to be, there is Dr. Sturgis, just a few minutes ahead of me with a sharp glint in his eye. More than once he has said to me, 'Pollard, are you up for the day?' "

Perhaps you get something of the sense of the myth by now.

Dr. Kerlikowske, Director of University Hospital, told me, "Cy Sturgis does everything intensely. He works hard, and he plays hard. I never knew a man who could re-create as vigorously as he can create."

Yet to look at him, to listen to him, to carry your troubles to him, Dr. Sturgis is anything but hard. His gestures are soft, his chuckle is light, and his understanding of human nature is as gentle as a grandfather's.

This is probably due to the fact that he is a grandfather, six times over. At Grandpa's home there is a regular Sunday dinner attended by all three sons and six grandchildren.

"We have three television sets in our house," said the doctor. "One for the maid (whom I am humoring because someday she will push my wheel chair around) . . . one on the sunporch for the children . . . and one for the grown-ups."

Dr. Sturgis is a great booster of TV. He moderated a television show on hypertension out of New York not long ago. Dr. Sturgis thinks that TV is a great medical medium.

"The most serious medical problem today is to keep abreast of the advances," he said. "Do you know that there are over 100,000 medical articles written every year? How can the young doctor read them all?"

That's why, through the medium of TV, Dr. Sturgis feels great work can be done in the field of postgraduate medicine. For the doctor, television and radio are "the means of disseminating medical knowledge to the advantage of sick people."

He lists the financial plight of young residents as the second most serious medical problem, and he would like to see the establishment of a generous loan fund for these young medics.

One could go on and on about this man, Sturgis. The doctor who keeps a full set of Osler in his panelled office. Who likes to travel. Who paints with water colors. Who likes a good joke, but who would rather someone else played the straight-man. Who was one of the researchers of the drug which has licked pernicious anemia. And, who is now President of the American College of Physicians.

But I have to stop, and there is no better place to stop than with Dr. Sturgis's definition of happiness: "Happiness is derived from the sense of being needed in the world. If a man isn't needed, how the hell can he be happy?"

That's Cyrus Cressey Sturgis: Half man, half myth. But, brother, all doctor!—Louis Graff.

PERIODIC HEALTH APPRAISAL

(Continued from Page 1358)

vocating for the profession and the public this coming season is something very different from a survey. Cards outlining a complete and adequate minimal periodic health appraisal have been given out. We hope our members will carry on and give a satisfying service.

We have been notified that the Michigan Department of Health is fostering a series of surveys in certain areas and employed groups. The Council feels these are much better done by the doctors in their offices, even if the cost is a little more. They will be much more satisfactory, and will keep health services, both private and public, in their own fields.

Michigan Clinical Institute

Sheraton-Cadillac Hotel, Detroit

Wednesday-Thursday-Friday, March 9-10-11, 1955

L. J. Hirschman, M.D., Traverse City, General Chairman

Information

- **HEADQUARTERS**—Sheraton-Cadillac Hotel: Assemblies, Exhibits and Press Room on Fourth Floor.

- **REGISTER**—Top of stairs—Fifth Floor—as soon as you arrive.
  Hours: Tuesday, March 8—1:00 p.m. to 5:00 p.m.
  Wednesday, March 9—7:30 a.m. to 5:00 p.m.
  Thursday, March 10—8:30 a.m. to 5:00 p.m.
  Friday, March 11—8:30 a.m. to 3:30 p.m.

- **NO REGISTRATION FEE** for Members of MSMS and other State Medical Associations, AMA, and Canadian Medical Association.

- **ADMISSION BY BADGE ONLY** to all Assemblies, Discussion Conferences and the Exhibition. Please present your MSMS or other State Medical Association, AMA, or CMA Membership Card to expedite registration.

- **GUESTS**—Members of any state medical association, AMA, or CMA members from any province of Canada and physicians of the Army, Navy, and U. S. Public Health Service are invited to attend as guests. No registration fee. Please present credentials at the Registration Desk.
  Bona fide doctors of medicine who are associate or probationary members of Michigan county medical societies or who are serving as residents or interns, if vouched for by the president or secretary of the county medical society in whose jurisdiction they practice, will be registered as guests, with no registration fee. Please present credentials at the Registration Desk.

- **MICHIGAN DOCTORS OF MEDICINE,** in practice but who are not members of MSMS, if listed in the American Medical Directory, may register as guests upon payment of $25.00. This amount will be credited to them toward dues in the Michigan State Medical Society FOR 1955 ONLY, provided they subsequently are voted into membership by the County Medical Society in whose jurisdiction they practice.

- **DOCTOR,** register Tuesday, to save your time! Registration of physicians will be held Tuesday afternoon from 1:00 to 5:00 p.m.—as well as on Wednesday, Thursday and Friday, during the 1955 Michigan Clinical Institute. The Tuesday afternoon registration hours are arranged so that physicians may avoid waiting in line Wednesday morning before the opening Assembly.
  We recommend to Detroit physicians—and those who arrive in Detroit on Tuesday—that they register Tuesday, March 8, from 1:00 to 5:00 p.m., Fifth Floor, Sheraton-Cadillac Hotel.

- **TELEPHONE SERVICE**—Local and long distance telephone service will be available in the Sheraton-Cadillac Hotel fourth floor. In case of emergency, physicians will be paged from the meetings by announcement on the screen. Call the Sheraton-Cadillac Hotel, Detroit, Woodward 1-8000, and ask for the Michigan Clinical Institute extensions on the fourth floor.

- **CHECKROOM** is available in the Sheraton-Cadillac Hotel, fourth floor, next to Grand Ballroom.

- **GUEST ESSAYISTS** are very respectfully requested not to change time of their lecture with another speaker without the approval of the Committee on Arrangements. This request is made in order to avoid confusion and disappointment on the part of members of the audience.

- **PAPERS WILL BEGIN AND END ON TIME**—Nothing makes a scientific meeting more attractive than by-the-clock promptness and regularity; therefore, all meetings and panels will open on time, all speakers will be required to begin their talks exactly on time and to close exactly on time, in accordance with the schedule in the Program. All who attend the Institute, are respectfully requested to assist in attaining this end by noting the schedule carefully and by being in attendance accordingly, in order not to miss that portion of the program of greatest interest.

- **TECHNICAL EXHIBITS**—Seventy-four interesting and instructive displays—will open daily at 8:30 a.m. and close at 5:15 p.m., except on Friday when the exhibit breaks up at 3:30 p.m. Frequent intermissions to view the exhibits have been arranged daily before, during and after the assemblies.

- **THE SCIENTIFIC EXHIBIT** will be located in the Reception Room, adjoining the Grand Ballroom, fourth floor, Sheraton-Cadillac Hotel.

- **THERE IS SOMETHING** of interest or education in the large exhibit of technical displays. **SAVE AN ORDER FOR THE EXHIBITOR AT THE MICHIGAN CLINICAL INSTITUTE.**

THREE DISCUSSION CONFERENCES

These quiz periods will be held Wednesday-Thursday-Friday, March 9-10-11, Grand Ballroom, Sheraton-Cadillac Hotel, 5:00 to 6:00 p.m. with all the guest speakers of the day invited to appear on the platform.

An opportunity to ask questions concerning the presentations of the guest essayists, or to discuss one of your interesting cases with them, is thus provided.

• **POSTGRADUATE CREDITS** are given to every MSMS member who attends the Michigan Clinical Institute. Notify H. H. Cummings, M.D., Chairman, MSMS Committee on Postgraduate Medical Education, 1313 E. Ann St., Ann Arbor, Michigan.

• **PARKING**—Do not park on Detroit's streets. Inside parking at a convenient distance from the Sheraton-Cadillac Hotel is available at the Book Tower Garage, 333 State, the DAC Garage, 1754 Randolph, and the Grand Circus Garage, 1776 Randolph.

• **INFORMATION OF PRACTICAL VALUE IN DAILY PRACTICE** will be found at the Michigan Clinical Institute. All subjects on the Institute Program are applicable to clinical medicine. They stress diagnosis and treatment, usable in everyday practice.

• **"UBIQUITOUS HOSTS"**—The following doctors of medicine have placed themselves at the disposal of the twelve out-of-Michigan guest essayists who grace the program of the ninth annual Michigan Clinical Institute in Detroit; they will demonstrate the meaning of Michigan hospitality to the eminent speakers from other parts of the United States:

W. B. Cooksey, M.D., Detroit; Douglas Donald, M.D., Detroit; H. B. Fenech, M.D., Detroit; H. A. Luce, M.D., Detroit; A. H. Price, M.D., Detroit; C. F. Schroeder, M.D., Detroit; C. S. Stevenson, M.D., Detroit; E. C. Vonder Heide, M.D., Detroit; R. K. Whiteley, M.D., Detroit; and E. A. Wishropp, M.D., Grosse Pointe.

• **TESTIMONIAL DINNER** in honor of Frederick A. Coller, M.D., of Ann Arbor and Alexander Brunschwig, M.D., New York City, is being arranged by the Michigan Division and the Southeastern Michigan Division of the American Cancer Society and the Michigan Cancer Coordinating Committee for Wednesday, March 9, 7:00 p.m., English Room, Sheraton-Cadillac Hotel. Following dinner, Dr. Coller will speak on "Enemies of Health" and Dr. Brunschwig will talk on "Contribution of the Laity in the Fight Against Cancer."

• **TESTIMONIAL BANQUET** honoring those Michigan Doctors of Medicine who are Presidents of national medical associations is scheduled for Thursday, March 10, 6:30 p.m. in the Grand Ballroom, Sheraton-Cadillac Hotel. Those physicians who have brought honor to our State by being chosen to head national medical societies and who will be honored on March 10, are: A. C. Curtis, M.D., Ann Arbor, President, The Society for Investigative Dermatology, Inc.; L. A. Ferguson, M.D., Grand Rapids, President, American College of Gastroenterology; W. A. Hudson, M.D., Detroit, President, American College of Chest Physicians; A. C. Kerlikowske, M.D., Ann Arbor, President, American College of Hospital Administrators; H. M. Pollard, M.D., Ann Arbor, President, American Gastroscopic Society; A. D. Ruedemann, M. D., Detroit, President, American Society of Ophthalmologic Allergy; C. C. Sturgis, M.D., Ann Arbor, President, American College of Physicians; and J. E. McIntyre, M.D., Lansing, Secretary, Michigan State Board of Registration in Medicine, for his long and valuable service to the Commonwealth.

• **PRESS RELATIONS COMMITTEE** for the 1955 Michigan Clinical Institute:

C. L. Weston, M.D., Owosso, Chairman; H. F. Dibble, M.D., Detroit; A. B. Gwinn, M.D., Hastings; R. A. Johnson, M.D. Detroit; and G. B. Saltonstall M.D., Charlevoix..

• **L. J. HIRSCHMAN, M.D.**, Traverse City, is General Chairman of Arrangements for the 1955 Michigan Clinical Institute.

• **MEETING FOR RESIDENTS, INTERNS AND SENIOR MEDICAL STUDENTS**

Residents, interns and senior medical students of Michigan will be honor guests at a special meeting arranged during the 1955 Michigan Clinical Institute, on Wednesday, March 9, beginning at 2:30 p.m. This meeting in the English Room, Sheraton-Cadillac Hotel, Detroit, will include the following program:

2:00 p.m.

Registration, Fifth Floor, Sheraton-Cadillac Hotel, Detroit

2:30 to 4:00 p.m.

Meeting in English Room, Sheraton-Cadillac Hotel, Detroit
"The Second Year," by Warren R. Mullen, M.D., Pentwater, Michigan, First President of Student AMA.
Five Skits plus Phillips 66
(a) Financial Arrangements with Patients
(b) Insurance Needed by the M.D.
(c) Malpractice Prevention
(d) Advantages of a Small Community Practice
(e) Periodic Health Appraisal
Intermission to View Exhibits
Bus Transportation to Blue Cross-Blue Shield Building, 441 E. Jefferson Avenue, Detroit

5:10 p.m.

Tour of Building

5:30 p.m.

"Philosophy of Voluntary Pre-Payment," by R. L. Novy, M.D., Detroit, President, Michigan Medical Service

6:15 p.m.

Reception and Buffet
Host: Michigan Medical Service

• **OPERATING ROOM NURSES MEETING.**—Through the courtesy and co-operation of the Michigan State Medical Society and the Michigan State Nurses Association, the Operating Room Nurses Conference Group of the Detroit District, Michigan State Nurses Association, is planning an ORN Conference in conjunction with the Michigan Clinical Institute which will be held in Detroit, March 9-11, 1955. All professional nurses throughout Michigan are most cordially invited to attend. Doctors are requested to send their nurses to this Conference, to improve their worth. The January and February numbers of this JOURNAL will include the program to be presented. For information, write Harriet Bell, R.N., Chairman, 51 Warren Ave. W., Detroit 1, Michigan.

MUCH THAT IS NEW AND INTERESTING WILL BE FOUND IN THE MCI EXHIBIT

THE "BLOCK SYSTEM"
at the
1955 MICHIGAN CLINICAL INSTITUTE

Surgery — Gynecology — Trauma — Wednesday morning, March 9
Trauma—Cancer Control—Wednesday afternoon, March 9
Obstetrics — Pediatrics — Internal Medicine — Thursday, March 10
Heart and Rheumatic Fever—Friday morning, March 11
General Medicine—Friday afternoon, March 11

• **ACKNOWLEDGMENTS**—The Michigan Clinical Institute gratefully acknowledges the co-operation of

1. The Michigan Regional Committee on Trauma, American College of Surgeons, sponsor of the Trauma program (eight speakers) on Wednesday afternoon, March 9.
2. The Michigan Heart Association, sponsor of the Heart and Rheumatic Fever Program (seven speakers) on Friday, March 11.
3. The Michigan Foundation for Medical and Health Education, Inc., sponsor of Alexander Brunschwig, M.D., New York City, the Foundation Lecturer.
4. The Michigan Cancer Coordinating Committee, sponsor of Frederick A. Coller, M.D., Ann Arbor, the MCCC Lecturer.
5. Michigan Medical Service and the Michigan State Medical Society—co-sponsors of the Conference for Residents, Interns and Senior Medical Students.
6. Smith, Kline and French Laboratories, Philadelphia, for sponsorship of the color television program beamed to the MCI meeting room; and Detroit's Receiving Hospital and its medical staff for co-operation in arranging and producing the 3-days' TV scientific presentations.
7. Davis & Geck, Inc., Danbury, Conn., for sponsorship of the color motion pictures shown during the MCI in the Normandie Room, Sheraton-Cadillac Hotel.
8. Michigan Medical Service, which contributes notepads for use of MCI registrants.

• MEETINGS OF SPECIAL SOCIETIES, ALUMNI AND AUXILIARY GROUPS

Tuesday, March 8, 1955

1. **The Michigan Chapter, American College of Surgeons** will meet on March 8, 1955, the day before the Michigan Clinical Institute at the Sheraton-Cadillac Hotel, Detroit, for a day of interesting papers and discussions, as well as a banquet in the evening to renew friendships, and to discuss common problems with your fellow colleagues. A good program is in the making, and we expect to have an outstanding speaker for the evening gathering. Bring yourself, tell your friends, and if you have a deserving resident in your hospital, treat him to a pleasant clinical day, as well as a pleasant evening to stimulate and encourage him in his endeavors. We look for a big turnout and a profitable time. Any questions or communications may be addressed to the Secretary-Treasurer, John Reid Brown, M.D., 706 Maccabees Building, Detroit, Michigan.

Wednesday, March 9, 1955

2. **A Conference for Residents, Interns and Senior Medical Students** is scheduled for the English Room, beginning at 2:30 p.m. A reception and buffet will be held at 5:30 p.m. with Michigan Medical Service as host.
3. **The Michigan Regional Committee on Trauma** will hold a short luncheon meeting in the Sheraton Room, 12:30 to 1:30 p.m.
4. **The Grace Hospital Reunion Dinner** is scheduled for 6:30 p.m. in the Grand Ballroom.
5. **A testimonial banquet honoring Frederick A. Coller, M.D., Ann Arbor and Alexander Brunschwig, M.D., New York City,** will be held in the English Room, 7:00 p.m.
6. **The mid-year Board meeting of the Woman's Auxiliary to the Michigan State Medical Society,** is scheduled for 9:30 a.m., Executive Suite, Second Floor, Women's City Club, 2110 Park Avenue, Detroit, with luncheon at 12:30 p.m. in the main dining room.

Thursday, March 10, 1955

7. **A Testimonial Banquet honoring Michigan Presidents of National Medical Associations** is scheduled for the Grand Ballroom, 6:30 p.m.
8. **An Operating Room Nurses Conference** will be held Thursday-Friday, March 10-11, in the English Room. This meeting is sponsored by the Operating Room Nurses Conference Group of the Detroit District, Michigan State Nurses Association. Program and information may be received from Harriet Bell, R.N., Chairman, 51 Warren Avenue W., Detroit 1, Michigan.

Friday, March 11, 1955

9. **The Annual Meeting of Members of the Michigan Heart Association** is scheduled for 6:00 p.m. in the Sheraton Room with the Board of Trustees meeting at 6:30 p.m. in the Sheraton Room.

The Wayne University Alumni Association will have a headquarters suite in the Sheraton-Cadillac Hotel, Detroit, during the 1955 Michigan Clinical Institute on Wednesday and Thursday, March 9 and 10.

GRAND RAPIDS IS HOST

The 1955 (90th) Annual Session of the Michigan State Medical Society will be held in Grand Rapids, Michigan, the week of September 25.

Sunday, Sept. 25—Council Session

Monday, Sept. 26—House of Delegates

Tuesday, Sept. 27—House of Delegates

Wednesday, Sept. 28—Scientific Sessions

Thursday, Sept. 29—Scientific Sessions

Friday, Sept. 30—Scientific Sessions

MARK THESE DATES ON YOUR CALENDAR

Michigan Clinical Institute
1955

L. J. HIRSCHMAN, M.D.

L. J. HIRSCHMAN, M.D., Traverse City, is General Chairman of Arrangements for the 1955 Michigan Clinical Institute. Doctor Hirschman is a Past President of the Michigan State Medical Society.

Program

WEDNESDAY, MARCH 9, 1955
SHERATON-CADILLAC HOTEL, DETROIT

A.M.

7:30 REGISTRATION—Top of Stairs, Fifth Floor

8:30 EXHIBITS OPEN—Fourth Floor

FIRST ASSEMBLY

Grand Ballroom, Sheraton-Cadillac Hotel

Chairman: R. H. BAKER, M.D., Pontiac

Secretary: A. B. HODGMAN, M.D., Kalamazoo

8:50 WELCOME

R. H. BAKER, M.D., Pontiac
President, Michigan State Medical Society

E. H. FENTON, M.D., Detroit
President, Wayne County Medical Society

SURGERY (INCLUDING GYNECOLOGY)—TRAUMA

9:00 "Surgical Aspects of Ulcerative Colitis"
WILLIAM S. CARPENTER, M.D., Detroit
Instructor in Clinical Surgery, Wayne University College of Medicine

W. S. CARPENTER, M.D.

"Medical Management of Ulcerative Colitis"
RALPH R. COOPER, M.D., Detroit
Associate Physician, Harper Hospital; Attending Physician, Detroit Receiving Hospital; Assistant Clinical Professor of Medicine, Wayne University; Attending Consultant, Veterans Administration Hospital, Dearborn

R. R. COOPER, M.D.

9:30 "Dysfunction and Neoplasia Indicating Ovarian Surgery"
CLYDE L. RANDALL, M.D., Buffalo, New York
Professor of Obstetrics-Gynecology, University of Buffalo; Chief Obstetrician-Gynecologist, Buffalo General Hospital

C. L. RANDALL, M.D.

10:00 "Traumatic Wet Lung"
RICHARD H. MEADE, M.D., Grand Rapids
Consulting Thoracic Surgeon, Blodgett Memorial Hospital, St. Mary's Hospital, Sunshine Hospital; Senior Attending Thoracic Surgeon, Butterworth Hospital; Vice President American Association for Thoracic Surgery.

R. H. MEADE, M.D.

10:10 End of First Assembly

10:10 INTERMISSION TO VIEW EXHIBITS

11:00 to 12:30 **COLOR TELEVISION PROGRAM,** beamed to the Grand Ballroom, Sheraton-Cadillac Hotel, through the co-operation of the medical and surgical staffs of Receiving Hospital, Detroit and Smith, Kline and French Laboratories of Philadelphia.

T. B. QUIGLEY, M.D.

11:00 **"The Use of Plaster of Paris in Common Injuries"**

THOMAS B. QUIGLEY, M.D., Boston, Massachusetts
Surgeon, Peter Bent Brigham Hospital

11:30 **"Recognition and Early Management of Slipped Femoral Epiphysis"**

SYLVESTER J. O'CONNOR, M.D., Ann Arbor
Assistant Professor of Surgery, Orthopaedic Section, University of Michigan Medical School

C. G. JOHNSTON, M.D.

11:50 **Panel on "Open and Closed Fractures of the Tibia"**

Moderator:

CHARLES G. JOHNSTON, M.D., Detroit
Professor of Surgery, Wayne University College of Medicine; Director of Surgery, Detroit Receiving Hospital and Veterans Administration Hospital, Dearborn

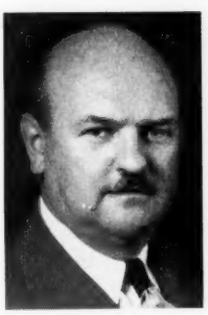
Participants:

ANDREW J. DAY, M.D., Detroit
President, Detroit Academy of Orthopedic Surgery; Professor of Orthopedic Surgery, Wayne University College of Medicine; Staff of Harper, St. Joseph's and St. John's Hospitals; Consultant Herman Kiefer Hospital and Veterans Administration Hospital, Dearborn.

C. M. HANSON, M.D.

CURTIS M. HANSON, M.D., Kalamazoo
Orthopedic Physician

DONALD F. KUDNER, M.D., Jackson



D. F. KUDNER, M.D.

12:30 **End of Television Program**

J. L. POSCH, M.D.

SECOND ASSEMBLY

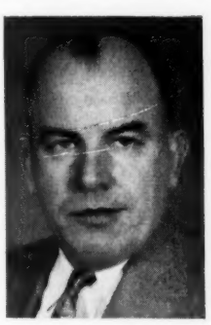
Grand Ballroom, Sheraton-Cadillac Hotel
Chairman: V. C. ABBOTT, M.D., Pontiac
Secretary: H. M. SMATHERS, M.D., Detroit

TRAUMA—CANCER CONTROL

P.M.

1:30 **"Treatment of the Injured Hand in Children"**

JOSEPH L. POSCH, M.D., Detroit
Instructor in Surgery at Wayne University College of Medicine



R. E. L. BERRY, M.D

1:50 **"Observations on the Fluid Needs of the Traumatized Elderly Patient"**

ROBERT E. L. BERRY, M.D., Ann Arbor
Associate Professor of Surgery, University of Michigan Medical School

J. W. Rae, M.D.

2:10 "Physical Therapy in Traumatic Conditions"

James W. Rae, M.D., Ann Arbor

Chairman of Department of Physical Medicine and Rehabilitation, University of Michigan Medical School; Associate Professor, Physical Medicine and Rehabilitation, University of Michigan Medical School

2:30 "Prevention of Accidental Trauma"

George M. Wheatley, M.D., New York

Third Vice President, Metropolitan Life Insurance Co.

3:00 INTERMISSION TO VIEW EXHIBITS

4:00 THE MICHIGAN CANCER COORDINATING COMMITTEE LECTURE

"Scrutiny of Progress Against Cancer"

Frederick A. Coller, M.D., Ann Arbor

Professor of Surgery and Chairman of the Department of Surgery, University of Michigan Medical School

G. M. Wheatley, M.D.

4:30 THE MICHIGAN FOUNDATION FOR MEDICAL AND HEALTH EDUCATION LECTURE

"The Surgical Treatment of Cancer of the Cervix that has Recurred after Radiation Therapy"

Alexander Brunschwig, M.D., New York, New York

Professor of Clinical Surgery, Cornell University Medical College; Attending Surgeon, Memorial Hospital for Cancer and Allied Diseases, New York City

F. A. Coller, M.D.

5:00 End of Second Assembly

5:00 DISCUSSION CONFERENCE

Grand Ballroom, Sheraton-Cadillac Hotel

Leader: C. E. Badgley, M.D., Ann Arbor

Participants: R. E. L. Berry, M.D., Ann Arbor, Alexander Brunschwig, M.D., New York City; W. S. Carpenter, M.D., Detroit; F. A. Coller, M.D., Ann Arbor; R. R. Cooper, M.D., Detroit; A. J. Day, M.D., Detroit; C. M. Hanson, M.D., Kalamazoo; C. G. Johnston, M.D., Detroit; D. F. Kudner, M.D., Jackson; R. H. Meade, M.D., Grand Rapids; S. J. O'Conner, M.D., Ann Arbor; J. L. Posch, M.D., Detroit; T. B. Quigley, M.D., Boston, Mass.; C. L. Randall, M.D., Buffalo, New York; J. W. Rae, M.D., Ann Arbor; and G. M. Wheatley, M.D., New York City.

A. Brunschwig, M.D.

6:00 End of Discussion Conference

* * *

No Michigan Clinical Institute Meeting Wednesday Evening

THURSDAY, MARCH 10, 1955

Sheraton-Cadillac Hotel

A.M.

8:30 REGISTRATION—Top of Stairs, Fifth Floor
EXHIBIT OPEN—Fourth Floor

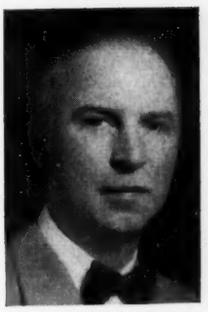
THIRD ASSEMBLY

Grand Ballroom, Sheraton-Cadillac Hotel

Chairman: J. R. HEIDENREICH, M.D., Daggett
Secretary: E. W. BLANCHARD, M.D., Deckerville

OBSTETRICS—PEDIATRICS—INTERNAL MEDICINE

9:00 "Program of Therapy for Repeated Abortion Patients"
CARL T. JAVERT, M.D., New York City
Associate Professor of Obstetrics and Gynecology, Cornell University Medical College; Attending Obstetrician and Gynecologist, New York Hospital; Pathologist, New York Lying-In-Hospital



C. T. JAVERT, M.D.

H. C. MACK, M.D.

9:30 "The Plasma Proteins in Pregnancy—Some New Clues to Obstetric and Pediatric Pathology"
HAROLD C. MACK, M.D., Detroit
Chief, Department of Obstetrics and Gynecology, Harper Hospital; Associate Professor, Obstetrics and Gynecology, Wayne University College of Medicine

B. D. GRAHAM, M.D.

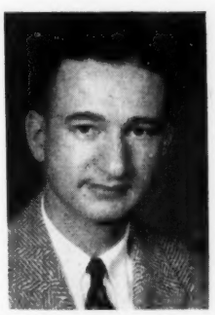
9:50 "Use and Abuse of Fluid Therapy"
BRUCE D. GRAHAM, M.D., Ann Arbor
Associate Professor of the Department of Pediatrics and Communicable Diseases; Director of the Pediatric Laboratories, University of Michigan Medical School.

C. E. BADGLEY, M.D.

10:10 End of Third Assembly

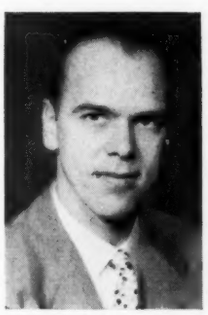
10:10 INTERMISSION TO VIEW EXHIBITS

11:00 to 12:30 COLOR TELEVISION PROGRAM, beamed to the Grand Ballroom, Sheraton-Cadillac Hotel, through the co-operation of the medical and surgical staffs of Receiving Hospital, Detroit and Smith, Kline and French Laboratories of Philadelphia.



S. FAJANS, M.D.

11:00 "The Significance of the Retention of Fetal Positions"
CARL E. BADGLEY, M.D., Ann Arbor
Professor of Surgery, Department of Orthopaedics, University of Michigan



H. S. SELTZER, M.D.

11:20 "Clinic Conference on Endocrinology"
STEFAN S. FAJANS, M.D., Ann Arbor
Assistant Professor of Internal Medicine, University of Michigan Medical School
HOLBROOKE S. SELTZER, M.D., Ann Arbor
Department of Medicine, University of Michigan

11:50 "Respiratory Diseases in Infancy"
JAMES L. WILSON, M.D., Ann Arbor
Professor of Pediatrics and Communicable Diseases, University of Michigan; Chairman of Department of Pediatrics and Communicable Diseases, University Hospital

J. L. WILSON, M.D.

A. E. Hammond, M.D.

W. A. Evans, Jr., M.D.

T. Francis, Jr., M.D.

W. H. Beierwaltes, M.D.

T. G. Klumpp, M.D.

W. Dock, M.D.

H. Selye, M.D.

12:10 "Demonstration of Esophageal Speech Following Total Laryngectomy"

Arthur E. Hammond, M.D., Detroit
Surgeon, Otolaryngology, Harper Hospital; Associate Professor of Otolaryngology, Wayne University; Surgeon, Otolaryngology, Receiving Hospital; Surgeon, Otolaryngology, Children's Hospital

12:30 End of Television Program

FOURTH ASSEMBLY

Grand Ballroom, Sheraton-Cadillac Hotel

Chairman: J. W. Rice, M.D., Jackson
Secretary: C. A. Neafie, M.D., Pontiac

OBSTETRICS—PEDIATRICS—INTERNAL MEDICINE

P.M.

1:30 "Normal Variance in Pediatric Radiologic Examinations"

William A. Evans, Jr., M.D., Detroit
Radiologist at Children's Hospital of Michigan

1:50 "Prospects for the Prevention of Polio"

Thomas Francis, Jr., M.D., Ann Arbor
Henry Sewall University Professor of Epidemiology; Chairman of the Department of Epidemiology, School of Public Health and Professor of Epidemiology, Department of Pediatrics and Communicable Diseases, University of Michigan Medical School

2:10 "Radioactive Isotopes in Your Practice Today"

William H. Beierwaltes, M.D., Ann Arbor
Associate Professor of Internal Medicine; Co-ordinator, Clinical Isotope Unit, University Hospital

2:30 "The Pharmaceutical Manufacturers' Interest in the Practice of Medicine"

Theodore G. Klumpp, M.D., New York City
President, Winthrop-Stearns, Inc.

3:00 INTERMISSION TO VIEW EXHIBITS

4:00 "Atherosclerosis"

William Dock, M.D., Brooklyn, New York
Professor of Medicine, State University of New York College of Medicine at N.Y.C., Brooklyn, New York

4:30 "The Stress Syndrome"

Hans Selye, M.D., Montreal, Quebec, Canada
Professor and Director of the Institut de Médecine et de Chirurgie expérimentales, Université de Montreal, Montréal, Canada

5:15 End of Fourth Assembly

5:15 DISCUSSION CONFERENCE

Grand Ballroom, Sheraton-Cadillac Hotel

Leader: D. F. Strohschein, M.D., Detroit
Participants: C. E. Badgley, M.D., Ann Arbor; W. H. Beierwaltes, M.D., Ann Arbor; William Dock, M.D., Brooklyn, New York; W. A. Evans, Jr., M.D., Detroit; Thomas Francis, Jr., M.D., Ann Arbor; Bruce Graham, M.D., Ann Arbor; A. E. Hammond, M.D., Detroit; T. G. Klumpp, M.D., New York City; C. T. Javert, M.D., New York City; H. C. Mack, M.D., Detroit; Stefan S. Fajans, M.D., Ann Arbor; H. S. Seltzer, M.D., Ann Arbor; Hans Selye, M.D., Montreal, Quebec, Canada; and J. L. Wilson, M.D., Ann Arbor.

6:15—End of Discussion Conference

No Michigan Clinical Institute Meeting Thursday Evening

FRIDAY, MARCH 11, 1955

Sheraton-Cadillac Hotel

A.M.

8:30 REGISTRATION—Top of Stairs, Fifth Floor
EXHIBITS OPEN—Fourth Floor

FIFTH ASSEMBLY

SIXTH ANNUAL MICHIGAN HEART DAY

Grand Ballroom, Sheraton-Cadillac Hotel

Chairman: L. P. RALPH, M.D., Grand Rapids
Secretary: FRANK VAN SCHOICK, M.D., Jackson

HEART AND RHEUMATIC FEVER

"Hypertension"

EUGENE B. FERRIS, M.D., Atlanta, Georgia
Professor of Medicine and Chairman, Department of Medicine, Emory University School of Medicine; Chief, Medical Service, Grady Memorial Hospital

E. B. FERRIS, M.D.

N. E. CLARKE, M.D.

9:30 **"Chemotherapy in Treatment of Rheumatic Fever"**

NORMAN E. CLARKE, M.D., Detroit
Attending Physician, Providence Hospital; Chairman of the Department of Research, Providence Hospital

9:45 **"Cardiacs in Industry"**

JOHN G. BIELAWSKI, M.D., Detroit
Medical Director, Michigan Heart Association

J. G. BIELAWSKI, M.D.

10:00 **End of Fifth Assembly**

10:00 **INTERMISSION TO VIEW EXHIBITS**

11:00 to 12:30 **COLOR TELEVISION PROGRAM,** beamed to the Grand Ballroom, Sheraton-Cadillac Hotel, through the co-operation of the medical and surgical staffs of Receiving Hospital, Detroit and Smith, Kline and French Laboratories of Philadelphia.

Moderator:

SAUL ROSENZWEIG, M.D., Detroit
Associate Professor of Clinical Medicine, Wayne University College of Medicine; Attending Physician, Receiving Hospital

S. ROSENZWEIG, M.D.

* * *

"The Use of Cardiac Catheterization in the Diagnosis of Heart Disease"

HARPER K. HELLEMS, M.D., Detroit
Assistant Professor of Medicine, Wayne University Research Laboratory at Wayne University College of Medicine and Detroit Receiving Hospital

* * *

"Cardiac Surgery"

PRESCOTT JORDAN, Jr., M.D., Detroit
Assistant Professor of Surgery, Wayne University College of Medicine; Associate Surgeon at Receiving Hospital
With Surgical Commentator:
CHARLES G. JOHNSTON, M.D., Detroit
Professor of Surgery, Wayne University College of Medicine; Director of Surgery at Receiving Hospital

* * *

"Angio Cardiography"

HAROLD E. FULTON, M.D., Detroit
Radiologist, Harper Hospital

H. K. HELLEMS, M.D.

H. E. FULTON, M.D.

12:30 **End of Television Program**

H. A. Howes, M.D.

A. C. Furstenberg, M.D.

F. B. Fralich, M.D.

W. B. Hildebrand, M.D.

L. H. Bartemeier, M.D.

G. L. Carroll, M.D.

Morris E. Davis, M.D.

SIXTH ASSEMBLY

Grand Ballroom, Sheraton-Cadillac Hotel

Chairman: F. P. Rhoades, M.D., Detroit

Secretary: H. G. Benjamin, M.D., Grand Rapids

GENERAL MEDICINE

P.M.

1:30 **"The Present-Day Concepts of the Use of Cortisone, Hydrocortisone, and ACTH in the Treatment of Allergic Diseases"**

Homer A. Howes, M.D., Detroit

Assistant Clinical Professor of Medicine, Wayne University College of Medicine; Physician, Harper Hospital, Detroit; Attending Consultant, Veterans' Hospital, Dearborn

1:50 **"The Diagnosis and Treatment of Vertigo"**

Albert C. Furstenberg, M.D., Ann Arbor

Dean of the Medical School and Professor and Chairman of the Department of Otolaryngology, University of Michigan Medical School

2:10 **"Eye Changes in Systemic Disease"**

F. Bruce Fralick, M.D., Ann Arbor

Professor of Obstetrics and Gynecology and Chairman of Department, University of Chicago and Chicago Lying-in Hospital

2:30 **"What's New in Office Management"**

William B. Hildebrand, M.D., Menasha, Wisconsin

President, American Academy of General Practice

3:00 **FINAL INTERMISSION TO VIEW EXHIBITS**

3:30 **"Interpersonal Relations in the Practice of Medicine"**

Leo H. Bartemeier, M.D., Baltimore, Maryland

Medical Director The Seton Institute, Baltimore, Maryland; Chairman, Committee on Mental Health, AMA

4:00 **(Subject to be announced.)**

Morris E. Davis, M.D., Chicago, Illinois

Professor of Obstetrics and Gynecology and Chairman of Department, University of Chicago and Chicago Lying-in Hospital

4:30 **"Treatment of Urinary Infections—The Effect of the Changing Flora in this Antibiotic Age"**

Grayson L. Carroll, M.D., St. Louis, Missouri

Associate Professor of Clinical Urology, St. Louis University School of Medicine; Associate Chief of Staff, St. John's Hospital; Member Examining Board, American Board of Urology (since 1947): Governor (1953) American College of Surgeons

5:00 **End of Sixth Assembly**

5:00 **DISCUSSION CONFERENCE**

Grand Ballroom, Sheraton-Cadillac Hotel

Leader: M. S. Chambers, M.D., *Flint*

Participants: L. H. Bartemeier, M.D., Baltimore, Md.; J. G. Bielawski, M.D., Detroit; G. L. Carroll, M.D., St. Louis, Missouri; N. E. Clarke, M.D., Detroit; E. B. Ferris, M.D., Atlanta, Georgia; F. B. Fralick, M.D., Ann Arbor; Harold E. Fulton, M.D., Detroit; A. C. Furstenberg, M.D., Ann Arbor; Harper K. Hellems, M.D., Detroit; W. B. Hildebrand, M.D., Menasha, Wisconsin; H. A. Howes, M.D., Detroit; Prescott Jordan, Jr., M.D., Detroit, and Saul Rosenzweig, M.D., Detroit.

6:00 **End of Discussion Conference and the 1955 Michigan Clinical Institute**

1955 MICHIGAN CLINICAL INSTITUTE COMMITTEE ON ARRANGEMENTS AND PROGRAM

L. J. Hirschman, M.D., Traverse City, *Chairman*
C. E. Badgley, M.D., Ann Arbor, *Vice Chairman*
R. H. Baker, M.D., Pontiac, *President, MSMS*
L. W. Hull, M.D., Detroit, *Immediate Past President, MSMS*
L. Fernald Foster, M.D., Bay City, *Secretary*
Representing Michigan State Medical Society

* * *

F. A. Coller, M.D., Ann Arbor
H. H. Cummings, M.D., Ann Arbor
John M. Sheldon, M.D., Ann Arbor
H. A. Towsley, M.D., Ann Arbor
Representing University of Michigan School of Medicine and University of Michigan Department of Postgraduate Medicine

* * *

G. C. Penberthy, M.D., Detroit
W. S. Reveno, M.D., Detroit
F. P. Rhoades, M.D., Detroit
D. F. Strohschein, M.D., Detroit
Representing Wayne University College of Medicine and Wayne County Medical Society

* * *

E. W. Blanchard, M.D., Deckerville
G. A. Drake, M.D., Petoskey
J. W. Rice, M.D., Jackson
John R. Heidenreich, M.D., Daggett
H. G. Benjamin, M.D., Grand Rapids
A. B. Hodgman, M.D., Kalamazoo
H. F. Mattson, M.D., Hillsdale
Representing Out-State Practitioners, members of the MSMS

* * *

A. E. Heustis, M.D., Lansing
C. A. Neafie, M.D., Pontiac
Representing Michigan Department of Health and Michigan Health Officers Association

* * *

E. I. Carr, M.D., Lansing
Representing the Michigan Foundation for Medical & Health Education Inc.

* * *

W. B. Cooksey, M.D., Detroit
Representing the Michigan Heart Association

* * *

V. C. Abbott, M.D., Pontiac
Representing American College of Surgeons Regional Committee on Trauma

* * *

Sub-Committee on Program (1955)
Carl E. Badgley, M.D., Ann Arbor, *Chairman*
G. C. Penberthy, M.D., Detroit
Wm. S. Reveno, M.D., Detroit
H. A. Towsley, M.D., Ann Arbor
H. H. Cummings, M.D., Ann Arbor

HOTEL RESERVATIONS

MICHIGAN CLINICAL INSTITUTE

Detroit, March 9-10-11, 1955

The reservation blank below is for your convenience in making your hotel reservation in Detroit. Please send your application to W. L. Stodghill, Resident Manager, Sheraton-Cadillac Hotel, Detroit 31, Michigan. Mailing your application now will be of material assistance in securing hotel accommodations.

As very few singles are available, registrants are requested to co-operate with the Committee on Hotels by sharing a room with another registrant, when convenient.

Committee on Hotels
Michigan Clinical Institute
c/o Sheraton-Cadillac Hotel
Detroit 31, Michigan

Attention: Mr. W. L. Stodghill, Resident Manager.

Please make hotel reservation (s) as indicated below:

.....Single Room(s)

.....Double Room(s) for .....persons

.....Twin-Bedded Room(s) for.....persons

Arriving March.....hour.....A.M.....P.M.

Leaving March.....hour.....A.M.....P.M.

Hotel of First Choice: .....

Second Choice: .....

Names and addresses of all applicants including person making reservation:

Name	Address	City	State
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.....	.....	.....	.....
.....	.....	.....	.....

Date ..... Signature .....

Address ..... City .....

POSTGRADUATE CONTINUATION COURSES

Wayne University College of Medicine

Second Quarter

December 6, 1954 to March 12, 1955

These courses are open to all qualified persons.

Veterans receiving benefits under the GI Bill should contact Dr. Arthur Johnson, Veterans Administrator at Wayne University, 5524 Cass Avenue.

Registration for these courses should be made in the office of Postgraduate Medical Education at the College of Medicine, 1401 Rivard.

Title of Course	*Place*	*Time*	*Fee*
	MICROBIOLOGY		
Seminar	College of Medicine	Tues. 3:30-5	$15.00
	PHYSIOLOGY AND PHARMACOLOGY		
Seminar	College of Medicine	Tues. 4-5	$15.00
	PHYSIOLOGICAL CHEMISTRY		
Biochemical Applications of Radioactive Isotopes	College of Medicine	Wed. 1-2 Fri. 1-4	$30.00
Seminar	College of Medicine	Wed. 3:30-4:30	$15.00
Intermediary Metabolism	College of Medicine	Fri. 1-2	$15.00
	PATHOLOGY		
Advanced Hematology (Limit 5)	College of Medicine	Mon. 1-5	$50.00
Bone and Joint Diseases	College of Medicine	Wed. 1-5	$50.00
Neuropathology (Limit 6)	College of Medicine	Fri. 1-5	$50.00
	DERMATOLOGY		
Seminar	Receiving Hospital	Wed. 10-12	$15.00
	INTERNAL MEDICINE		
Medical Conference (Limit 15)	College of Medicine 4th Floor Lecture Room	Mon. 5-6	$15.00
Therapeutic Conference (Seminar on new drugs)	Receiving Hospital 243 Farwell Annex	Fri. 5-6	$15.00
Gastroenterologic Clinic (Limit 10)	Receiving Hospital 243 Farwell Annex	Sat. 8-9	$15.00
Medical Seminar	Receiving Hospital 243 Farwell Annex	Mon. 5-6	$15.00
Medical X-Ray Conference (Limit 10)	Receiving Hospital 243 Farwell Annex	1st, 3rd and 5th Tues. 11-12	$15.00
Medical Pathologic Conference (Limit 10)	Receiving Hospital 243 Farwell Annex	Wed. 11-12	$15.00
Hematology Clinic	Receiving Hospital Med. OPD. Farwell Annex	Wed. 1-3	$15.00
Review of Clinical Hematology	Receiving Hospital 201 Farwell Annex	Wed. 3:30-5	$15.00
Electrocardiographic Conference	Receiving Hospital 243 Farwell Annex	2nd and 4th Tues. 11-12	$15.00
	SURGERY		
Seminar	645 Mullett—4th Floor	Mon. 4-5	$15.00
	ONCOLOGY		
Cancer Detection	Yates Clinic	Wed. 3-5	$25.00

89th Annual Session Tops All Others

With a registration record just short of 4,000, a program presenting twenty-seven of the nation's finest medical lecturers, an exhibit featuring ninety-nine displays of the very latest in medical necessities, and a House of Delegates meeting which developed a forward-looking program in short order, the 1954 Annual Session has been written into MSMS history as the "best yet" in several ways.

In addition to the superior scientific program and the smooth-running policy-making sessions, meetings of a great many related organizations and ancillary groups were held concurrently with the Annual Session which added interest. Several social activities added spice.

This year, more than ever before, coverage by newspapers, radio and television, and a host of appearances before civic clubs, brought the story of medical progress and the views of the medical profession before the general public. Throughout the week of the Annual Session, every news medium in Michigan carried daily accounts of events.

Tops in general interest were the various honors distributed during the 89th Annual Session. Most noteworthy was the unheralded election of L. Fernald Foster, M.D., of Bay City, as President-for-a-Day. This recognition was voted by the House of Delegates for Dr. Foster's long standing record as Secretary of MSMS. Only two others have ever received this honor.

Another outstanding honor, presented with little fanfare, was awarded to Donald E. Johnson of Flint, publisher of the *Flint News-Advertiser*. Mr. Johnson was made an honorary member of MSMS in recognition of his unusual contributions in the field of cancer control on the local, state and national levels. The extent of Mr. Johnson's activities will be outlined in greater detail in a future issue of THE JOURNAL.

Duncan J. McColl, M.D., of Port Huron, was named "Michigan's Foremost Family Physician, 1954" by action of the House of Delegates. A biographical sketch of Dr. McColl appears elsewhere in this issue.

Eight new members, four of whom were present to be greeted in person, were inducted into the MSMS "Fifty-Year Club." They were George H. Boyce, M.D., of Iron Mountain; C. D. Chapin, M.D., of Columbiaville; Clarence Hathaway, M.D., of Lake Orion, and the following five from Detroit: Albert E. Bernstein, M.D., William E. Blodgett, M.D., Herman C. Emmert, M.D., Charles S. Norton, M.D., and DeWitt L. Sherwood, M.D.

Two nationally prominent doctors of medicine spoke on non-scientific topics at the Officers Night program and drew a full house. They were Charles W. Mayo, M.D., of Rochester, Minnesota, Biddle lecturer, who discussed "The United Nations: Our Hope for the Future," and Elmer Hess, M.D., of Erie, Pennsylvania, President-elect of the American Medical Association. Dr. Hess presented the AMA viewpoint on veterans' medical care.

This year the medical alumni of both Wayne University and the University of Michigan held reunion dinners for the first time at any Annual Session.

Walter A. Fansler, M.D., of Minneapolis, Minnesota, presented the Second Annual Beaumont Memorial Lecture. The lecture, dedicated to the pioneer William Beaumont, M.D., dealt with a gastroenterological subject.

General Practice Day—another "first" inaugurated in 1953—was observed again this year. An entire day was set aside for the GP, with a variety of topics tailored to his particular interest.

All in all, the 89th Annual Session was not only the greatest in total registration, but it was also the greatest Annual Session in a number of other ways.

NEW ATTENDANCE RECORD

Here's a breakdown of the registration at the 1954 Annual Session, which topped the previous record of 3,605, set in 1952.

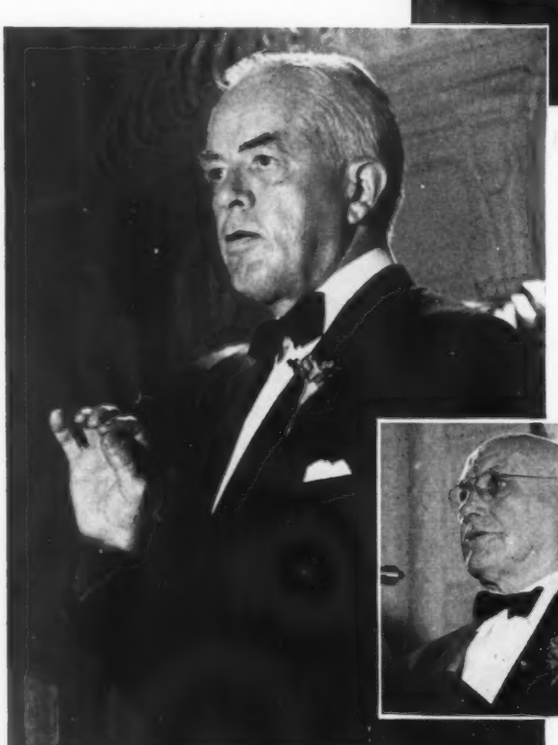
Doctors of Medicine	2,295
Woman's Auxiliary Members	171
Medical Assistants Society Members	372
Guests (including nurses)	534
Exhibitors	532
TOTAL	3,904

The 1954 Annual Session

LEADERSHIP past, present and future: President-elect W. S. Jones, M.D., Menominee; President Robert H. Baker, M.D., Pontiac; Past President L. W. Hull, M.D., Detroit.

RETIRING PRESIDENT L. W. Hull, M.D. (right), receives scroll from Council Chairman William Bromme, M.D., Detroit.

CHARLES W. MAYO, M.D., Rochester, Minn., was top speaker at Officers Night, followed by AMA President-elect Elmer Hess, M.D., Erie, Pa. (inset).



SPEAKER Jackson E. Livesay, M.D., Flint, efficiently presided over the House of Delegates, capably assisted by Vice Speaker Kenneth H. Johnson, M.D., Lansing (below).

A Photographic "Who's Who"

THE RARE HONOR OF MSMS President-for-a-Day has been bestowed only on these three: (l. to r.) Robert L. Novy, M.D., Detroit, President of Michigan Medical Service, in 1952; Wilfrid Haughey, M.D., Battle Creek, JOURNAL Editor, in 1949, and L. Fernald Foster, M.D., Bay City, MSMS Secretary, named by the 1954 House of Delegates.

TO DONALD E. JOHNSON (speaking), Flint newspaper publisher, went the privilege of Honorary Membership in MSMS for his efforts in the cancer control field. Speaker Livesay listens attentively.

OTTO O. BECK, M.D., Birmingham (right), received a scrapbook and scroll from President Hull. President-for-a-Day Foster looks on.

WALTER A. FANSLER, M.D., Minneapolis, Minn. (left), received traditional scroll after presenting second annual Beaumont Memorial Lecture. Ralph M. Burke, M.D., Detroit (right), Gastroenterology Section Chairman, and General Chairman William S. Reveno, M.D., Detroit, made the award.

THREE who have each served Michigan for a half-century prepare to become members of the "50-Year-Club." Left to right: C. D. Chapin, M.D., Columbiaville; William E. Blodgett, M.D., Detroit, and Herman C. Emmert, M.D., Detroit. Five others were inducted.

CLIMAX of the three-day Woman's Auxiliary Annual Convention came at luncheon where new officers were installed. At the head table Mrs. A. F. Milford, Ypsilanti (left), new President, and her predecessor, Mrs. W. S. Stinson, Bay City, chatted with Mrs. George Turner, El Paso, Texas (right), AMA Auxiliary President and guest of honor.

COMMITTEE CHAIRMEN who directed plans for the University of Michigan Medical School alumni dinner were (left to right): Cyrus C. Sturgis, M.D.; John M. Sheldon, M.D., and Reed M. Nesbit, M.D., all of Ann Arbor.

WAYNE UNIVERSITY medical alumni met for dinner and a talk by Donald E. Leonard (center). Renewing acquaintances are Homer D. Strong (left), Wayne Alumni Secretary, and John E. Webster, M.D., Detroit, President of the group.

THE MOST SUCCESSFUL Michigan State Medical Assistants Society convention was held concurrently with the Annual Session. Charlotte Ash (center) became President and Phyllis Marquardt, Corresponding Secretary. Ralph W. Shook, M.D., was named Chairman of the Advisory Committee to MSMAS. All three are from Kalamazoo.

MICHIGAN BRANCH, American Academy of Pediatrics, held a memorable all-day meeting. Centering the head table at dinner were (left to right): G. E. Anthony, M.D., Flint; Isadore Lampe, M.D., Ann Arbor, the speaker, and Harry A. Towsley, M.D., Ann Arbor.

OFFICERS of the Michigan Academy of General Practice met informally with their guest speaker, Paul de Kruif (center), before dinner. (Left to right) F. P. Rhoades, M.D., Detroit; Karl L. Swift, M.D., Detroit; Mr. de Kruif; John W. Rice, M.D., Jackson, and E. C. Long, M.D., Detroit.

NEWS COVERAGE of the 1954 Annual Session by all media was greater than ever before. Checking the Press Room clipping board at mid-week is Ralph A. Johnson, M.D., Detroit, Chairman of the Scientific Press Relations Committee. He directed the smooth and constant flow of news.

THE "BIG THREE" of the Detroit press covering the Annual Session "check signals" in a Press Room huddle with Secretary Foster. Left to right: Merle Oliver, *News;* Jean Pearson, *Free Press;* Dr. Foster, and Jack Pickering, *Times.*

TELEVISION coverage was unusual. High point was soundfilm interview for WJBK-TV's Murray Young (far left) among Drs. Johnson, Baker, Mayo, and Hull (left to right).

USING a wall mirror for a "trick shot," the photographer caught the busy MSMS public relations staff together at one time in the Press Room on closing day. They are (left to right): Stuart A. Campbell, A. DeWitt Brewer, Jean MacDonald, Warren F. Tryloff, and Hugh W. Brenneman, PR Counsel.

Duncan J. McColl, M.D.

"Michigan's Foremost Family Physician, 1954"

Duncan J. McColl, M.D., is a gentleman of dignity and great modesty; a kindly, quiet-spoken Scotsman who has devoted 61 years to the practice of medicine. Upon him The House of Delegates bestowed the title "Michigan's Foremost Family Physician for 1954."

Forty of these years have been spent in Port Huron, where he is one of the city's best-known and most-beloved residents. Alert, erect and confident, Dr. McColl still engages in the day-to-day practice of medicine. He is reputed to have delivered 8,000 babies, although in recent years he has limited himself to "fewer than 100 deliveries per year."

DUNCAN J. McCOLL, M.D.
Officers' Night crowd greeted him warmly

Dr. McColl's bearing is not that of the ordinary man who is approaching age 86. He is much younger in outlook than his years suggest, and although he can remember riding horseback over muddy country roads to visit those who needed his services, Dr. McColl is not one to reminisce over "the old days." He is much too busy keeping up with the progress of modern medicine to think of dwelling in the past.

Born in Glachan, Ontario, Dr. McColl completed his early schooling at Aldboro and Chatham, Ontario, before attending business school at Ann Arbor. Then he taught school for three years in his native Ontario before entering Detroit College of Medicine in 1889.

Upon receiving his M.D. in May, 1893, Dr. McColl set up practice in Elkton, a thriving community in the Thumb Area, where he remained for 13 years. During his years there, Dr. McColl became the first President of the newly incorporated Village of Elkton, served on the local school board for nine years (including two years as President), and in other ways became a community leader.

After six more years of practice in nearby Croswell, and two years in the out-patient clinic of St. Joseph's Hospital, Milwaukee, Wis., Dr. McColl moved to Port Huron, establishing his practice there in 1914. Although a general practitioner all his years, Dr. McColl has always emphasized obstetrics.

For many years Dr. McColl's brother, the late Neil J. McColl, M.D., also practiced in Port Huron. A son, Clarke M. McColl, M.D., practiced for a few months with his father, then became a member of the staff at Henry Ford Hospital, Detroit, where he serves today as an internist. Another son, Duncan J. McColl, Jr., was elected to the Circuit Court bench in April, 1953, but died the following July, six months before taking office. He also lived in Port Huron.

Dr. McColl's wife, whom he married in 1896, died in 1934.

Dr. McColl is a charter member of the Port Huron Kiwanis Club, and was its President in 1935. In 1944, he received the club's Distinguished Service Award, and is now a Life Member. He is also a Life Member of the Masonic Order and has been a 32nd Degree Mason and Shriner since 1902.

SCHEDULE OF PUBLIC PRESENTATIONS DURING 1954 ANNUAL SESSION

Service Club Speakers

Speakers	*Topic*	*Club*
MONDAY, SEPT. 27		
Robert H. Baker, M.D., Pontiac, Michigan	"The Medical Society's Responsibility to the People"	U. & I. Club
TUESDAY, SEPT. 28		
Ralph A. Johnson, M.D., Detroit, Michigan	"A Doctor Looks at Doctors"	Downtown Lions Club
William P. Curtiss, M.D., Detroit, Michigan	"The Problems of the Aging"	Westown Lions Club
WEDNESDAY, SEPT. 29		
Charles W. Mayo, M.D., Rochester, Minnesota	"The Doctor, the AMA and Public Opinion"	Detroit Rotary Club
William Bromme, M.D., Detroit, Michigan	"What Kind of Doctor Do You Want"	Vortex Club of Detroit
Arch Walls, M.D., Detroit, Michigan	"Ills of Medicine"	Optimist Club of Detroit
W. S. Jones, M.D., Menominee, Michigan	"Looking Forward"	Civic Club of Detroit
E. F. Dittmer, M.D., Detroit, Michigan	"Your Doctor and You"	Art Centre Kiwanis
Orlen J. Johnson, M.D., Bay City, Michigan	"Is There a Changing Relationship Between the Public and the Medical Profession?"	Civitan Club of Detroit
THURSDAY, SEPT. 30		
C. Allen Payne, M.D., Grand Rapids, Michigan	"Cancer"	Uptown Lions Club
George W. Slagle, M.D., Battle Creek, Michigan	"Your Health is Important Business"	American Business Club
John R. Rodger, M.D., Bellaire, Michigan	"New Role of Family Physician"	Zonta Club of Detroit

Radio and Television

Speakers	*Topic*	*Station*
SATURDAY, SEPT. 18	State Grange Program	Station WKAR, East Lansing
H. W. Brenneman, Lansing, Michigan	Report on MSMS Session	
TUESDAY, SEPT. 21	11:00 Newscast	Station WJBK—TV, Detroit
	Film report of Annual Session Press Dinner	
SUNDAY, SEPT. 26	Court of Health	Station WJBK—TV, Detroit
Leroy W. Hull, M.D., Detroit, Michigan William S. Reveno, M.D., Detroit, Michigan	J. E. Livesay, M.D. Flint, Michigan	
THURSDAY, SEPT. 30	11:00 Newscast	Station WJBK—TV, Detroit
	Film Interview	
C. W. Mayo, M.D., Rochester, Minnesota L. W. Hull, M.D., Detroit, Michigan	R. H. Baker, M.D., Pontiac, Michigan R. A. Johnson, M.D., Detroit, Michigan	
SUNDAY, OCT. 3	Court of Health	Station WJBK—TV, Detroit
Duncan J. McColl, M.D., Port Huron, Michigan "Michigan's Foremost Family Physician, 1954"	Clarke McColl, M.D. Detroit, Michigan	

Michigan State Medical Society

Eighty-Ninth Annual Session—1954

TABLE OF CONTENTS

MSMS House of Delegates—1954

Summary of Proceedings

The 89th Annual Session of the Michigan State Medical Society's House of Delegates was held in Detroit, September 27-28, 1954.

The House of Delegates:

1. Adopted with thanks the Speaker's Address, the President's Address, the President-Elect's Address, the report of Delegates to the American Medical Association, the Annual Reports of The Council including Annual Reports of Committees of The Council, and the Annual Report of the Woman's Auxiliary to the Michigan State Medical Society.
2. Adopted Annual Reports of all Standing Committees and of all Special Committees of the Society.
3. Elected Duncan J. McColl, M.D., Port Huron, as Michigan's Foremost Family Physician for 1954.
4. Elected L. Fernald Foster, M.D., Bay City, as President for a Day.
5. Adopted Resolutions concerning:
   (a) Honorary Membership to Don E. Johnson, Flint.
   (b) Migrant Workers (amended).
   (c) Panel with Medical School Deans on undergraduate medical education.
   (d) County Medical Society responsibility in medical civil defense (amended).
   (e) Traffic safety (amended).
   (f) Extension of MSMS Periodic Health Appraisal Program.
   (g) Memorial in JMSMS to the late E. D. Spalding, M.D.
   (h) Commendation to A. E. Heustis, M.D., Michigan Health Commissioner (amended).

   Referred to
   (a) The Council, a resolution re periodic health examination by hospital staffs.
   (b) Michigan's AMA Delegates, a resolution re expansion of AMA administrative facilities.
   (c) Michigan's AMA Delegates, a resolution to study by AMA of general practice.
   (d) Medical Advisory Committee to Michigan Medical Service, part II of a resolution re increase in fees for anesthetists.
   (e) Committee on Study of Basic Science Act, a resolution re greater uniformity by Basic Science Boards.

   Adopted substitute resolutions concerning:
   (a) Blue Shield fees for surgical assistants (in lieu of two resolutions introduced).
   (b) Information by Blue Cross-Blue Shield to contract holders.
6. Adopted amendments to MSMS By-Laws:
   (a) Affecting membership qualifications, in Chapter 5, Sec. 3-f; Chapter 5, Sec. 3-g; Chapter 5, Sec. 4; Chapter 5, Sec. 5; Chapter 5, Sec. 8; Chapter 6, Sec. 6; Chapter 8, Sec. 1; and Chapter 15, Sec. 2.
   (b) Changing name of Mental Hygiene Committee to "Mental Health Committee," in Chapter 10, Sec. 3.
7. Disapproved resolutions concerning:
   (a) Request to insurance companies to study fees for anesthetists (part I of this resolution).
   (b) Study by hospital staffs of Blue Cross utilization.
   (c) Discontinuance of Veterans Administration home-town medical care program.
   (d) Public relations funds.
   (e) Liberalization of Blue Shield benefits.
   (f) Revision of Blue Shield fee schedule.
   (g) Division of fees.
8. Elected to Special Memberships:
   (a) Seventeen members to Life Membership: R. H. Bookmyer, M.D., Detroit; G. H. Boyce, M.D., Iron Mountain; C. D. Chapin, M.D., Columbiaville; F. A. Forney, M.D., Gaylord; A. M. Giddings, M.D., Battle Creek; R. J. Hardstaff, M.D., Grosse Pte.; G. C. Hardy, M.D., Rochester; R. B. Hasner, M.D., Royal Oak; C. L. Hathaway, M.D., Lake Orion; W. B. Lewis, M.D., Battle Creek; David Littlejohn, M.D., Eloise; A. H. Miller, M.D., Gladstone; J. M. Robb, M.D., Detroit; A. G. Stanka, M.D., Grand Ledge; W.S. Summers, M.D., Detroit; J. S. Wendel, M.D., Detroit; and C. S. Wilson, M.D., Detroit.
   (b) Thirteen members to Retired Membership: U. S. Bagley, M.D., Saginaw; D. A. Bailey, M.D., Detroit; L. A. Campbell, M.D., Saginaw; G. C. Chostner, M.D., Daytona Beach, Fla. (Wayne County); F. J. Eakins, M.D., Berkely; Geron Fredrickson, M.D., Iron Mountain; John Heneveld, M.D., Muskegon; R. B. Kennedy, M.D., Detroit; F. O. Paull, M.D., Marquette; R. A. Pinkham, M.D., Lansing; F. L. Rector, M.D., Evanston, Ill. (Ingham County); W. H. Stadle, M.D., Battle Creek; and C. F. Thomas, M.D., Port Huron.
   (c) Ten members to Associate Membership: P. N. Agone, M.D., Detroit; W. I. Bauer, M.D., East Lansing (Washtenaw County); C. A. Cetlinski, M.D., Hamtramck; G. D. Culver, M.D., Stockbridge; I. J. Kurtz, M.D., Detroit; H. N. Manz, M.D., Detroit; Robert Michmerhuizen, M.D., Grand Haven; Leland Sargent, M.D., Jackson; D. W. Schiff, M.D., Belcourt, N.D. (Wayne County); and F. D. Scruton, M.D., Detroit.
9. Elected the following Officers:
   (a) J. T. P. Wickcliffe, M.D., Calumet, as Councilor of the 13th District (1958).
   (b) B. M. Harris, M.D., Ypsilanti, as Councilor of the 14th District (1959).
   (c) William Bromme, M.D., Detroit, as Councilor of the 18th District (1959).
   (d) W. D. Barrett, M.D., Detroit (1956); W. H. Huron, M.D., Iron Mountain (1956); and R. L. Novy, M.D., Detroit (1956), as Delegates to the American Medical Association.
   (e) G. W. Slagle, M.D., Battle Creek (1956); C. I. Owen, M.D., Detroit (1956); and J. R. Rodger, M.D., Bellaire (1956), as Alternate Delegates to the American Medical Association.
   (f) W. S. Jones, M.D., Menominee, as President-Elect.
   (g) J. E. Livesay, M.D., Flint, as Speaker, House of Delegates.
   (h) K. H. Johnson, M.D., Lansing, as Vice Speaker, House of Delegates.

Michigan State Medical Society

Eighty-ninth Annual Session

DIGEST OF PROCEEDINGS OF THE HOUSE OF DELEGATES

MONDAY MORNING SESSION

September 27, 1954

The 89th annual meeting of the House of Delegates of the Michigan State Medical Society, held at the Sheraton-Cadillac Hotel, Detroit, September 27-28, 1954, convened at 10:15 a.m., J. E. Livesay, M.D., Speaker of the House, presiding.

I. RECORD OF ATTENDANCE

Office	*Officer*	*Meetings*				
		1st	*2nd*	*3rd*	*4th*	*5th*
Speaker	J. E. Livesay, M.D.	x	x	x	x	x
Vice Speaker	K. H. Johnson, M.D.	x	x	x	x	x
Secretary	L. Fernald Foster, M.D.	x	x	x	x	x
Immediate Past President	R. J. Hubbel, M.D.	x	x	x	x	–
County	*Delegate*					
1. Allegan	L. F. Brown, M.D.	x	x	x	x	x
2. Alpena-Alcona-Presque Isle	E. S. Parmenter, M.D.	x	x	x	x	x
3. Barry	A. B. Gwinn, M.D.	x	x	x	x	x
4. Bay-Arenac-Iosco	O. J. Johnson, M.D.	x	x	x	x	x
	W. S. Stinson, M.D.	x	x	x	x	x
5. Berrien	D. W. Thorup, M.D.	x	x	x	x	x
	J. C. Elliott, M.D.	x	x	x	x	x
6. Branch	H. J. Meier, M.D.	x	x	x	x	–
7. Calhoun	H. C. Hansen, M.D.	x	x	x	x	x
	S. T. Lowe, M.D.	x	x	x	x	x
8. Cass	S. L. Loupee, M.D.	x	x	x	x	x
9. Chippewa-Mackinac	W. F. Mertaugh, M.D.	x	x	x	x	x
10. Clinton	F. W. Smith, M.D.	x	x	x	x	x
11. Delta-Schoolcraft	J. H. Fyvie, M.D.	x	x	x	x	x
12. Dickinson-Iron	W. H. Huron, M.D.	x	x	x	x	x
13. Eaton	P. H. Engle, M.D.	x	x	x	x	x
14. Genesee	C. W. Colwell, M.D.	x	x	x	x	x
	L. M. Bogart, M.D.	x	x	x	x	x
	R. M. Bradley, M.D.	x	x	x	x	x
	F. D. Johnson, M.D.	x	x	x	x	x
	F. W. Baske, M.D.	x	x	x	x	x
15. Gogebic	D. C. Eisele, M.D.	Not Represented				
16. Grand Traverse-Leelanau-Benzie	D. G. Pike, M.D.	x	x	x	x	x
17. Gratiot-Isabella-Clare	M. G. Becker, M.D.	x	x	x	x	x
18. Hillsdale	A. W. Strom, M.D.	x	x	x	x	x
19. Houghton-Baraga-Keweenaw	J. T. P. Wickliffe, M.D.	x	x	x	x	x
20. Huron	C. W. Oakes, M.D.	x	x	x	x	x
21. Ingham	F. L. Troost, M.D.	x	x	x	x	x
	O. B. McGillicuddy, M.D.	x	x	x	x	x
	J. M. Wellman, M.D.	x	x	x	x	x
22. Ionia-Montcalm	W. L. Bird, M.D.	x	x	x	x	x
23. Jackson	N. D. Munro, M.D.	x	x	–	x	x
24. Kalamazoo	W. A. Wickham, M.D.	x	x	x	x	x
	W. A. Scott, M.D.	x	x	x	x	x
	I. W. Brown, M.D.	x	x	x	x	x
	F. C. Ryan, M.D.	x	x	x	x	x
25. Kent	A. V. Wenger, M.D.	x	x	x	x	x
	W. J. Fuller, M.D.	x	x	x	x	x
	L. C. Carpenter, Jr., M.D.	x	x	x	x	x
	W. C. Beets, M.D.	x	x	x	x	x
	G. W. DeBoer, M.D.	x	x	x	x	x
	R. A. Rasmussen, M.D.	x	x	x	x	x
	K. E. Fellows, M.D.	x	x	x	x	x
26. Lapeer	D. J. O'Brien, M.D.	x	x	x	x	x
27. Lenawee	George Wilson, M.D.	x	x	x	x	–
28. Livingston	H. C. Hill, M.D.	x	x	x	x	x
29. Luce	T. W. Thompson, M.D.	Not Represented				
30. Macomb	Sydney Scher, M.D.	x	x	x	x	x
31. Manistee	E. A. Oakes, M.D.	x	x	x	x	x
32. Marquette-Alger	A. S. Narotzky, M.D.	x	x	x	x	x
33. Mason	H. G. Bacon, Jr., M.D.	x	x	x	x	x
34. Mecosta-Osceola-Lake	Paul Ivkovich, M.D.	x	x	x	x	x
35. Menominee	J. R. Heidenreich, M.D.	x	x	x	x	x
36. Midland	M. J. Ittner, M.D.	x	x	x	x	–
37. Monroe	T. A. McDonald, M.D.	x	x	x	x	–
38. Muskegon	R. D. Risk, M.D.	x	x	x	x	–
	N. W. Scholle, M.D.	x	x	x	x	–
39. Newaygo	J. P. Klein, M.D.	x	x	x	x	–
40. North Central	L. F. Hayes, M.D.	x	x	x	x	x
41. Northern Michigan	J. R. Rodger, M.D.	x	x	x	x	x
42. Oakland	J. M. Markley, M.D.	x	x	x	x	x
	Otto O. Beck, M.D.	x	x	x	x	x
	P. E. Sutton, M.D.	x	x	x	x	x
	H. A. Furlong, M.D.	x	x	x	x	–
	E. B. Cudney, M.D.	x	x	x	x	x
43. Oceana	W. G. Robinson, M.D.	Not Represented				
44. Ontonagon	W. F. Strong, M.D.	Not Represented				
45. Ottawa	Otto VanderVelde, M.D.	x	x	x	x	–
46. Saginaw	J. P. Markey, M.D.	x	x	x	x	x
	M. F. Bruton, M.D.	x	x	x	x	–
	A. C. Stander, M.D.	x	x	x	x	x
47. Sanilac	R. J. Winfield, M.D.	x	x	x	x	x
48. Shiawassee	C. L. Weston, M.D.	x	x	x	x	x
49. St. Clair	J. F. Beer, M.D.	x	x	x	x	x
50. St. Joseph	S. A. Fiegel, M.D.	x	x	x	x	x
51. Tuscola	L. L. Savage, M.D.	x	x	x	x	x
52. Van Buren	W. R. Young, M.D.	x	x	x	x	x
53. Washtenaw	P. S. Barker, M.D.	x	x	x	x	x
	H. F. Falls, M.D.	x	x	x	x	x
	O. K. Engelke, M.D.	x	x	x	x	x
	R. W. Teed, M.D.	x	x	x	x	x
	V. M. Zerbi, M.D.	x	x	x	x	x
54. Wayne	E. H. Fenton, M.D.	x	x	x	x	x
	M. A. Darling, M.D.	x	x	x	x	x
	M. L. Lichter, M.D.	x	x	x	–	–
	J. J. Lightbody, M.D.	x	x	x	x	x
	R. L. Novy, M.D.	x	x	x	x	–
	R. F. Fenton, M.D.	x	x	x	x	x
	E. A. Osius, M.D.	x	x	x	x	x
	G. C. Penberthy, M.D.	x	x	x	x	x
	W. S. Reveno, M.D.	x	x	–	–	–
	D. I. Sugar, M.D.	x	x	x	x	–
	G. S. Bates, M.D.	x	x	x	x	x
	E. C. Texter, M.D.	x	x	x	x	x
	J. G. Molner, M.D.	x	x	x	x	–
	C. I. Owen, M.D.	x	x	x	x	x
	E. G. Krieg, M.D.	x	x	x	x	x
	C. L. Candler, M.D.	x	x	x	x	x
	E. A. Bicknell, M.D.	x	x	x	x	–
	W. W. Babcock, M.D.	x	x	x	x	x
	J. B. Blodgett, M.D.	x	x	x	x	x
	R. A. Johnson, M.D.	x	x	x	x	x
	W. L. Brosius, M.D.	x	x	x	x	x
	G. T. McKean, M.D.	x	x	x	x	x
	H. F. Dibble, M.D.	x	x	x	x	x
	A. E. Price, M.D.	x	x	x	x	x
	P. C. Gittins, M.D.	x	x	x	–	x
	J. H. Schlemer, M.D.	x	x	x	x	x
	C. E. Umphrey, M.D.	x	x	x	x	x
	L. S. Fallis, M.D.	x	x	–	x	–
	E. D. King, M.D.	x	x	x	x	x
	C. K. Hasley, M.D.	x	x	x	x	x
	A. H. Price, M.D.	x	x	x	x	x
	L. J. Bailey, M.D.	x	x	x	x	–
	J. E. Croushore, M.D.	x	x	x	x	–
	Saul Rosenzweig, M.D.	x	–	x	x	x
	D. A. Young, M.D.	x	x	x	x	–
	J. E. Hauser, M.D.	x	–	x	x	x
	C. W. Sellers, M.D.	x	x	x	x	x
	F. P. Rhoades, M.D.	x	x	x	x	x
	Sidney Adler, M.D.	x	x	–	x	–
	J. D. Fryfogle, M.D.	–	x	x	x	x
	L. T. Henderson, M.D.	x	x	x	x	x
	Raphael Altman, M.D.	x	–	x	x	–
	Louis Jaffe, M.D.	x	x	x	x	x
	S. E. Gould, M.D.	x	–	–	–	–
	R. V. Walker, M.D.	x	x	x	x	x
	E. C. Long, M.D.	x	x	x	x	x
	Karl L. Swift, M.D.	–	x	x	x	x
	W. L. Foster, M.D.	x	x	x	–	x
55. Wexford-Missaukee	R. V. Daugharty, M.D.	x	x	x	x	–

IN MEMORIAM

THE SPEAKER: Every year at this time we announce the names of former members of this House who have passed on. I will also announce the passing of sixty-seven members of the Michigan State Medical Society since we last met. Former delegates and alternates were:

Delta-Schoolcraft County—Nathan J. Frenn, M.D.
Muskegon County—Roy Herbert Holmes, M.D., and Henry J. Pyle, M.D.
Lenawee County—Esli T. Morden, M.D.
Wayne County—Benjamin Priborsky, M.D.; Frank C. Witter, M.D.; Edward D. Spalding, M.D.; Donald C. Beaver, M.D.

May we rise, please, and have a moment of silence.

II. SPEAKER'S ADDRESS

By J. E. Livesay, M.D., Flint

Each year at this time it is the prerogative of the Speaker to address the House on some problem of medicine. My immediate predecessor did not avail himself of this opportunity, but left the heavy discussion to the officers of the Society whose talks were to follow. I am going to follow this precedent. The only discussion I have to offer is a few thoughts on the question of unity.

I assume that you all know that the House of Delegates is the constituted legislative branch of the Michigan State Medical Society; that the Council and its Executive Committee act in your behalf during the year, but each fall their work is laid before you for approval, disapproval or modification. The Council cannot set aside the policies you make here. Your decisions will influence the professional lives of doctors in every corner of the State. That is why it is I suggest to this body that we give some thought to a unity of purpose in what we do.

As doctors we can be divided into all sorts of specialty groups—surgeons, urologists, pathologists, pediatricians, general practitioners, and so on. Each group has specific problems of its own, depending on the nature of the practice involved. I trust that we as delegates will divest ourselves of special interests, and will try to see the other fellow's problems as well as our own in the light of what is best for the whole of medicine in Michigan.

There is another division of doctors that we have inherited from the nature of the population density in this State. I refer to the irritating designation of "out-state" and "Wayne County." I have heard this every year I have been in the House. In fact, one year I heard via the grapevine of a move to hold an "out-state caucus" as opposed to the "Wayne caucus." I hope this year we do not hear of this designation, and in the years ahead abolish it from our thinking.

It can be argued correctly that areas of large population create special problems in the practice of medicine. But let us not forget that areas of sparse population also create another set of special problems. The problems of both groups become the problems of all of us in the House of Delegates. We should never attempt to pit one group and its problems against the other, but rather to pool our problems here and solve them together. That is the democratic way of the Michigan State Medical Society.

A third division is city practice versus country practice. It is easy for us, after a decade or more of practice, to begin to feel that the practice of good medicine is the exclusive property of the group with which we work, or the hospital in which we practice, and perhaps become quite content with things as they are.

This summer two prominent persons were stricken in remote vacation villages with sudden surgical emergencies. I am happy to say that each case received the best of medical care, and both recovered. These cases dramatized to me the fact that good medical care is to be had throughout Michigan, both in our big cities and cities even far removed from our areas of dense population. More important, this emphasized to me that it is our job to see to it that the best of medical care is available from the most remote hamlet of the Keweenaw Peninsula to the caverns of Detroit's skyscrapers. It seems to me this is really our prime objective as a Medical Society. I hope we can constantly remind ourselves of it as we go over the work of the past year and as we consider matters of future policy.

As the 89th annual session of the House of Delegates begins, I hope we can forget the specialty of medicine we practice, and the name of the town we come from, long enough to view the whole of medical practice in the State of Michigan in the unselfish light of what is best for the patients who are served by the members of the Michigan State Medical Society in all the cities and crossroads of the State.

* * *

THE SPEAKER: This report will be referred to the Reference Committee on Officers' Reports.

III. PRESIDENT'S ADDRESS

By L. W. Hull, M.D., Detroit

This is the valedictory or, it might be said, the swan song of your retiring President. It is his privilege to present to this House of Delegates some of his ideas gained through the years spent as a Councilor, President-elect and President of a great organization, the Michigan State Medical Society; so, I have a few things that I wish to say.

A careful and thorough reading of the Council and committee reports in the Handbook of Delegates is recommended so that you can keep abreast of the progress being made toward better medical care for the citizens of our State. It also will show you the immense amount of work done by your Council and committees during the year.

It seems as though there is room for more unity in our profession. Constructive criticism, honest differences of opinion, are always welcomed by elected representatives, and make for progress. Society moves forward in an environment of constant change, and we, as practitioners of medicine, must move with it. But let the critic study his problem and try to visualize the end results of what he proposes. Let us not be too prone to criticize experiments on a private enterprise basis in the practice of medicine.

There has been too little attention paid to what is called the orientation of the medical student and the young doctor of medicine as to the traditions and ethics of the profession. It seems to me that the indoctrination of our younger group, as to their attitude toward the ideals of the practice of medicine, should be done on a local basis, perhaps in the Councilor districts. They should be taught that they are dedicated to a life of service, and that there are some things a doctor of medicine does not do.

Our fight against the socializers, the do-gooders and those fuzzy-minded individuals who embrace the teachings of Karl Marx still goes on in the State and Nation. The infections of socialism and communism are still abroad in our land. Attempts will be made in the next national Congress by the Bureau of Health, Education and Welfare to put the doctors of medicine, by edict, in Social Security and to re-insure all health insurance policies, both voluntary and commercial.

The Veterans Administration continues to offer so-called free medical care to ever-increasing numbers of war veterans, without regard to the cause of the disability. The members of the medical profession will soon be offered a chance to become government contract doctors in the certification of so-called permanently and totally disabled workers. The disabled workers and par-

ticipating doctors of medicine will be subject to the rules and regulations of the Bureau of Health, Education and Welfare. Payment to the doctors who are willing to participate will be made from the so-called Social Security "trust fund," an 18 billion dollar debit on which we are now paying interest through our taxes.

Let us beware of the efforts being made to bring socialized medicine into our country (as has been said) through the back door.

However, we as practitioners of medicine must realize that the sick are not simply our concern, but that of their families, the community and the government. Our job is to guide any social change taking place in our country toward bettering the personal and general welfare and health of our people, and also to present to the public the facts upon which we try to base our actions for their consideration and judgment.

Medical practice is both scientific and toward a social end. In spite of much talk in the country to the contrary, it is still my belief that no one can be a better judge of the practice of medicine than the man who practices it—the medical doctor. Let us not forget that the lay public holds the medical profession responsible for looking after the public's medical interests.

What do we mean by the term, "freedom of medicine"? To me it means the freedom of the citizen to choose his own doctor, and the freedom of the doctor to work out his own salvation according to the principles and precepts of the Hippocratic Oath, without outside or governmental interference.

I leave office with the knowledge that the activities of the Society will be in good hands—those of Dr. Robert Baker. I am thankful to you for the opportunity you gave me to be of service to the cause of medicine. Also, I am thankful to you for the opportunity to be closely associated with such a fine group of men as compose our Michigan State Medical Society Council, its committees, and headquarters staff.

It has been a wonderful experience. I thank you.

* * *

THE SPEAKER: The President's address will be referred to the Reference Committee on Officers' Reports.

IV. PRESIDENT-ELECT'S ADDRESS

By R. H. Baker, M.D., Pontiac

Last year the House of Delegates extended to me the honor of representing our Society as President-elect. I accepted with a feeling of pride that I should have been so selected. Now, having completed my probationary year, I look forward to the next year with deep humility. I believe I now know what every President-elect before me must have felt on the eve of his assuming the responsibilities as President of this great and progressive Society. I shall make every effort to measure up to the job.

The medical profession of Michigan has had many "firsts" in our constructive organization. Sometimes it seems that our membership is not fully aware of the success that has been ours in a well-coordinated Society. Perhaps we have advanced too fast for some of our less active members to keep pace.

Within my professional memory so many changes have taken place in the organization and activities of the State Medical Society that, had I not taken an active interest, I might have fallen into the same category as some of our most critical members. I believe that most of the fault-finding we occasionally hear comes mostly from those men who simply pay dues grudgingly, but who take no active part in their local or State Society. They feel an obligation to belong, but make no constructive effort to guide our policies. They even refuse to assume responsibilities of office or committee membership, but instead find fault with those who do.

At this time I am determined to direct my energies toward a better grass roots understanding of what our Society stands for, why it is following certain policies, and why our extensive public relations activities. If we can't arouse the interest of our inactive membership to attend meetings, I propose to do everything possible to reach them through our Councilors and by visits to county meetings by our elected officers. This may apply particularly to the more remote counties.

This coming year, I trust, will see our Society continuing its efforts toward elimination of unethical practice and reducing to a minimum the sort of behavior that has made our Grievance Committees necessary.

I thank you again for the honor you have extended to me, and I trust I may merit your confidence.

* * *

THE SPEAKER: Dr. Baker's address will be referred to the Reference Committee on Officers' Reports.

V. REPORTS OF THE COUNCIL

William Bromme, M.D., Chairman

I would like to preface the report of The Council by a few statements of fact. The first is that the activities of the State Society are regulated by the committee work of some fifty-odd committees of the State Society or The Council of the State Society. The membership of those committees totals over 600 doctors of medicine, many of whom are in this House of Delegates.

The Council serves as the functioning organization for the State Society in the absence of meetings of the House of Delegates. The Executive Committee serves as the functioning organization for The Council and for the House of Delegates in the absence of meetings of those organizations. Under those circumstances no action can be carried out by either The Council or the Executive Committee which is contrary to the expressed statement of policy of the House of Delegates.

The annual report of The Council is printed in the Handbook for Delegates on page 53. We wish to present the following supplemental report of The Council as of September 26, 1954:

1. *Membership.*—As of September 1, 1954, the membership of the Michigan State Medical Society totaled 5,670, including 593 Special members who are relieved from paying dues and assessments. This compares favorably with the total of 5,414 at the same time last year.

2. *Finances.*—The Constitution of the Michigan State Medical Society places responsibility on The Council for administration of the funds of the Society, and charges the Treasurer with safekeeping of the Society's invested funds.

Following the provision of the MSMS Constitution, The Council has caused an "annual audit to be made of the funds of the Society by a certified public accountant." The report was made by Madan & Bailey for the year 1953. As in the past, the audit of the accounts is and always has been available for inspection by any member of the Michigan State Medical Society who may call at the Executive Offices, 606 Townsend Street, Lansing.

The report of our staff accountant for the first eight months of this year (from January 1 to September 1, 1954) of income and expenses is as shown in the accompanying report.

More detailed financial reports, including the public relations accounts from January 1 to September 1, 1954, are mimeographed and available to all members of the House of Delegates. Also included is report from Treasurer William A. Hyland, M.D., presented to The Council in July, 1954.

3. *Michigan Medical Service.*—An up-to-date report on this Corporation, including its finances, will be presented to you at the meeting of Michigan Medical Service membership tomorrow, September 28, at 2 p.m., in the new headquarters building of Blue Cross-Blue Shield,

FINANCIAL REPORT FOR PERIOD TO SEPTEMBER 1 1954

Account	On hand 1/1/54	Income to 9/1/54	Expenses to 9/1/54	Balance on Hand 9/1/54
General Fund	$ 72,893.41	$104,010.47	$ 75,742.32	$101,161.56
Annual Session	.....	22,600.00	4,102.77	18,497.23
Michigan Clinical Institute	.....	12,460.00	11,790.78	669.22
The Journal	.....	54,325.82	45,135.44	9,190.38
Public Education	59,887.04	45,382.50	16,741.60	88,527.94
Public Service	.....	22,600.13	13,031.71	9,568.42
Professional Relations	.....	32,644.62	19,078.27	13,566.35
Public Education Reserve	30,000.00	.....	.....	30,000.00
Rheumatic Fever Control	9,571.69	17,512.50	15,174.87	11,909.32
Surplus from Dues	21,729.67	7,546.99	.....	29,276.66
Building Fund	13,002.15	10,062.50	6,330.11	16,734.54
Beaumont Memorial Fund*	9,742.16	3,382.00	8,119.69	14,479.85
Totals	$197,341.80	$332,527.53	$215,247.56	$314,621.77

*Amount on hand January 1, 1954, and balance on hand September 1, 1954, are credits.

441 East Jefferson Avenue, Detroit. All MSMS delegates are members of the Michigan Medical Service Corporaton and are expected to attend this important annual meeting.

4. *Beaumont Memorial.*—Otto O. Beck, M.D., Birmingham, Chairman of the Beaumont Memorial Committee, presented to The Council the following financial status of the Beaumont Memorial:

Donated to September 1,1954	$34,866.67
Expended to September 1,1954	49,346.52
Advanced by MSMS	14,479.85

The Beaumont Memorial is one of the finest public relations projects ever undertaken by the medical profession of Michigan. The development of this memorial to Dr. William Beaumont, at the site where his great and original contribution to medicine was accomplished, will be a perpetual reminder to the people of the solid contributions made by Michigan doctors of medicine in their behalf. The Council invites additional donations to the Fund so that the expenses of the building and furnishing the Memorial may be fully liquidated through voluntary means.

5. *Michigan's Foremost Family Physician for 1954.*—Selection of one of our Michigan general practitioners as nominee for the AMA Gold Medal Award is now the privilege of the House of Delegates. According to the satisfactory procedure worked out two years ago, the field of nominees has been narrowed to three from which the House of Delegates is invited to elect one. The three names are: Charles J. Bloom, M.D., Muskegon; Duncan J. McColl, M.D., Port Huron, and Joseph H. Sherk, M.D., Midland.

6. *List of Non-members.*—Pursuant to the House of Delegates instruction of 1948, The Council (through Secretary L. Fernald Foster, M.D.) today submits a list of former members whose 1954 MSMS dues were not paid as of September 1, 1954. To insure accuracy, this list recently was submitted to and certified as correct by our component county and district medical society secretaries.

7. *Salk Polio Vaccine.*—This situation was reported to the membership of MSMS in The Journal of the Michigan State Medical Society. A number of problems were raised when the National Foundation for Infantile Paralysis announced that it was preparing to inoculate up to 100,000 youngsters in Michigan with an experimental vaccine composed of killed poliomyelitis virus. At the request of one of our members, the Executive Committee went deeply into the project, and with the assistance of our State Commissioner of Health the many problems were resolved into three basic questions for which we must express our appreciation to Dr. Heustis in their phrasing.

The first basic question was this: Is this vaccine safe? At the onset of our studies we had nothing but the cognizance of the discoverer of the vaccine to rely on. In time, and almost on the eve of the start of the field trial in Michigan, the National Foundation formed a committee to survey the protocol of manufacture by the commercial houses designated by it to produce the material in bulk; but in the interim there was nothing but the experience of the inventor in a limited series, and with a changing type of vaccine, to guide your deputies or the State Health Commissioner toward an answer to this question.

The second question was this: Is this vaccine potent? Again we had nothing but the assurance of the inventor of the vaccine that his preparation in series far smaller than that contemplated for the children of Michigan was capable of producing an elevated antibody titre. In fact, the few published papers by the inventor of the vaccine bear record of the weakness of the immunizing agent. They describe techniques to concentrate this antigen by using mineral oil and other agents. It is to be noted that the actual process leading to the production of the vaccine used in Michigan is not at this considerably later date to be found in published form in any established scientific publication. The National Foundation for Infantile Paralysis set up its bold and large-scale field test in order to prove or disprove the potency of the vaccine whose experimental development it had subsidized; and this in itself is a curious variation from the orderly and slow—painstakingly slow—research process which has brought the advances of modern medicine to their unequivocal state.

The third question involved responsibility: Who accepts the responsibility for any untoward events which occur during this field trial? The National Foundation ultimately indicated that it had provided itself with a large public liability policy, but did not want broad publicization of the fact. The terms of this policy were never submitted to a legal agent of this Commonwealth for inspection, and there is considerable question if money had the power to compensate for damage.

The Executive Committee, as your deputy, has responsibility in the field of the health problems of the people of Michigan, but they also have a responsibility to you, who are our fellow doctors of medicine. We have no mandate to obligate you in a project in which you have been a bystander without voice or individual decision. We have no mandate to obligate the parents of your patients to a nation-wide experiments carried out by a private organization which is not a branch of government. At the same time we have no reason to deny to any child possible protection, however short-lived, against epidemic poliomyelitis. The Executive Committee was in unanimous agreement. It utilized the informational media of this day to indicate to those who would hear that "The MSMS will not withhold approval from the experiment on children by mass inoculation of the Salk poliomyelitis vaccine as proposed by the National Foundation for Infantile Paralysis, and we will defer to the decision of the State Health Commissioner."

Since that statement, the mass experiment has been conducted in Michigan. No one knows, or will know until 1955, that there has been protection against epidemic poliomyelitis by virtue of the inoculations, or that there has been significant increase in antibody titre in the blood of those inoculated, whether this increase is to the level of producing immunity or not. No one has indicated to anyone whether this patient of yours received the vaccine or the control, and it is impossible to state that the proprietary vaccine of the National Foundation, in reaching the mass market first, has made a significant contribution to the mass control of epidemics.

By direction of The Council in its meeting last night, I must indicate to this House that this statement carried one dissenting vote in the meeting of The Council last night. That vote was by the Councilor from the Second District, Doctor Breakey.

8. *MSMS Health and Accident Insurance Program.*—The report to September 15, 1954, of this program, sup-

plied by the carrier, Provident Life and Accident Insurance Company of Chattanooga, Tennessee, is as follows:

As of September 15, 1954, Provident has collected a total in premiums of $174,236.72.
As of September 15, of that total we have earned in premiums $141,914.57.
From the inception through September 15, 1954, we have actually paid in claims $39,741.55.
We are carrying as reserves for liability which originated prior to September 15 a total of $41,838.24.
This makes our total of claims paid and reserves for future payments $81,579.79.
The percentage of claims paid and pending to premiums earned is thus 47.59 per cent.

If the business had been in force for several years this would, of course, be an excellent loss ratio. However, over the years we have found that we do not come to a true experience, that is, a true loss ratio, on a professional group case until it has been in force for two or three years. If our experience is a proper guide post, I think it is fair to say that the loss ratio will show a considerable rise over this figure of 47.50 per cent before it levels off.

At the express request of The Council, a representative of Provident is here, to be available to the delegates and the reference committees to impart information and to answer any questions concerning our health and accident insurance protection. I wish to introduce Mr. W. C. Hershey, of Provident.

The Council's Committee on Health and Accident Insurance Policy Control, created to maintain harmonious relations between MSMS and the insurance carrier, is NOT an arbitration board to settle disputed claims.

9. *Council Committee Reports.*—

(a) Supplemental Report of Emergency Medical Service Committee:

During the past year the Committee met on four occasions, twice in Lansing and twice in Detroit. The major effort of the Committee was directed toward the development of a medical activator program designed to stimulate medical civil defense throughout the State. The program had been submitted to The Council and was approved.

This activity is considered of such importance by the Committee that a brief description is in order. It was felt that in the event of major disaster of any type, occurring anywhere in the State, of necessity the entire medical potential would need to be mobilized. This was considered especially valid because anything occurring in one part of the State would affect the morale as well as the economic responsibilities of the remainder of the State.

Doctors of medicine have always assumed a leading role in creating awareness of community problems. Hence, the State was divided into the Councilor Districts, and each Councilor was requested to appoint one or more physicians to act as a medical activator in his area. These men were to work through their county medical societies in obtaining the appointment and activation of a local emergency medical service committee. The chairman of this committee was to encourage the local civil defense director to appoint and activate a medical advisory committee. The MSMS Emergency Medical Service Committee was to encourage the State Office of Civil Defense to work through its channels so that the county and local civil defense directors would be aware of the activity of organized medicine throughout the State.

Three meetings have been held by the MSMS Committee with the group of medical activators. At these meetings the program was carefully outlined and the mission of each physician was detailed. During the course of the several meetings the activators had an opportunity to examine the medical plan proposed by the State Office of Civil Defense, and offering their opinion to the MSMS Committee. In addition, all material developed by the Wayne County Medical Society and the Detroit Office of Civil Defense was made available. Members of the Wayne County Medical Society and of the Detroit Office of Civil Defense were on hand to relate their experiences and the mechanics of implementing a medical civil defense plan.

During the year members of the Committee met with representatives of the Michigan Office of Civil Defense for the purpose of developing a medical plan which would meet the requirements of the Michigan State Medical Society. The Committee is happy to report such a plan was finally evolved which was recommended to The Council for approval.

The Committee was informed by a representative of the Michigan Office of Civil Defense that that Office regarded the Emergency Medical Service Committee of the Michigan State Medical Society as its technical medical advisory group.

The following recommendations for future consideration of the Committee are suggested:

(1) The medical activators program should be continued in the present direction.

(2) Every member of the Michigan State Medical Society should be made aware of his responsibility in the event of large-scale disaster of any type, recognizing that it is to the medical profession that our citizens look in time of great stress.

(3) The present excellent co-operation with the Michigan Office of Civil Defense should be continued.

(b) *Periodic Health Appraisal Committee:* The program of information to the medical profession of Michigan on periodic health appraisal, adopted by this Committee as its worthy project for the ensuing year, is heartily endorsed by The Council. Every member of the MSMS House of Delegates, as a chosen leader of organized medicine in his area, is earnestly urged by The Council to forward among his patients the program of periodic health appraisal, as outlined by this active Committee which represents both MSMS and the Michigan Health Council. The periodic health appraisal campaign will begin in October with a general mailing to all MSMS members; further additional efforts seeking M.D. co-operation will be contained in the Secretary's Letter in THE JOURNAL, and through available media utilized by our Public Relations Department.

The people want periodic health appraisal—and only the medical profession can render this service adequately. Every practitioner of medicine must recommend to his patients the value of periodic health appraisal, and must make it part of his armamentarium in daily use, otherwise this opportunity to bring greater life-saving service to the people will become a public (socialized) function.

A recommendation on this subject follows.

10. *Innovation at 1954 Annual Session.*—Following the Secretary's recommendation, approved by The Council last January, ALL doctors of medicine who entered practice in Michigan since the last MSMS Annual Session were sent special invitations to attend the 1954 Annual Session. In this list of approximately 400, nonmembers as well as members were included. The Annual Session will indicate to the nonmembers some of the many values of association with MSMS.

11. *The MSMS Public Relations Manual, "Winning Friends for Medicine,"* which is a compendium of outlines of twenty-six public relations projects which can be carried out by county medical societies, has been supplied to all component county and district medical society presidents and secretaries. It is obvious that all county societies cannot carry on all the programs outlined under the three basic categories in the brochure, namely: (a) improvement of medical practice; (b) education of the public with respect to health and medical practices; and, (c) organization for action to maintain medical freedom.

However, the Public Relations Committee has invited

every county medical society to select from the twenty-six projects those which can be carried out with greatest value in that particular county medical society. It has further suggested that at least one project from each of the three categories be included in all county society selections. Those county societies which have carried out these suggestions have found their programs valuable to them and their members, and have received help from the Michigan State Medical Society. However, many county medical societies have not as yet selected from the brochure the projects they desire to carry out.

A recommendation on this subject follows.

12. *Standards of Membership.* Upon the recommendation of our legal counsel, Mr. J. Joseph Herbert, a committee of The Council recently was appointed (composed of three Past Presidents) to survey the MSMS Bylaws concerning the standards of membership and the disciplining of members. By this time next year the committee undoubtedly will complete its study and, through The Council, will present to the House of Delegates recommendations for correcting present inconsistencies.

13. *Resolution re Complex Reports of Michigan Social Welfare Department.*—This action of the 1953 MSMS House of Delegates was invited to the attention of the Michigan Social Welfare Commission, which recommended that MSMS appoint a committee to work with the Commission's Medical Advisory Committee toward finding a solution to the problem. The MSMS Committee is composed of: W. B. Harm, M.D., Detroit, *Chairman;* O. J. Johnson, M.D., Bay City, and C. A. Paukstis, M.D., Ludington.

Recommendations

We respectfully invite to your attention the four recommendations in the original Annual Report of The Council, printed in the Handbook on page 78. They read as follows:

1. That all members of the Michigan State Medical Society be urged by the House of Delegates to give conscientious attention to proper utilization of Blue Cross-Blue Shield services to the end that these voluntary facilities remain solvent and helpful to our patients; that all members carefully study the brochure to be released by MSMS through its Advisory Committee to Michigan Hospital Service after its approval by the House of Delegates. Our system of voluntary medical-hospital service will survive only with the strong support of every medical man.

2. That The Council be authorized to send MSMS representatives to Washington, D. C., in 1955, on the occasion of the Annual Michigan Day.

3. That contributions to the Beaumont Memorial Restoration Fund—by *every individual member* of the Michigan State Medical Society—be urgently recommended by the House of Delegates. Only 2,327 M.D.s (42.1 per cent of MSMS membership) have contributed to July 1, 1954. Everyone of the 5,530 members of the State Society should take pride in making a contribution, however small, to the Beaumont Memorial which represents the best type of public relations for the medical profession of this State.

4. That the House of Delegates give consideration to amending the Bylaws so that current special membership problems are solved.

The Council respectfully submits two additional recommendations:

5. That the House of Delegates endorse the concept of the periodic health appraisal, as developed by the Committee on Periodic Health Appraisal, and that the members of the House of Delegates individually pledge themselves to further zealously the periodic health appraisal program, to the end that private medical practice will bring, in full measure to all people, the modern health protections afforded by medical science.

6. That the House of Delegates urge each component county and district medical society to review the MSMS Public Relations Manual, "Winning Friends for Medicine," and to select from it those projects most likely to advance the public relations of the medical profession in the area, in order that the State-wide effort for better public relations will be most effectively advanced. The county medical societies are invited also to use the services of the Public Relations counsel and field secretaries in the promotion of these projects.

Respectfully submitted,

The Council, MSMS
WILLIAM BROMME, M.D., *Chairman*
H. B. ZEMMER, M.D., *Vice Chairman*
ARCH WALLS, M.D.
R. S. BREAKEY, M.D.
G. W. SLAGLE, M.D.
RALPH W. SHOOK, M.D.
J. D. MILLER, M.D.
H. H. HISCOCK, M.D.
L. C. HARVIE, M.D.
G. B. SALTONSTALL, M.D.
F. H. DRUMMOND, M.D.
W. M. LEFEVRE, M.D.
B. T. MONTGOMERY, M.D.
W. S. JONES, M.D.
B. M. HARRIS, M.D.
D. BRUCE WILEY, M.D.
W. D. BARRETT, M.D.
W. B. HARM, M.D.
J. E. LIVESAY, M.D., *Speaker*
K. H. JOHNSON, M.D., *Vice Speaker*
L. W. HULL, M.D., *President*
R. H. BAKER, M.D., *President-elect*
L. FERNALD FOSTER, M.D., *Secretary*
W. A. HYLAND, M.D., *Treasurer*
R. J. HUBBELL, M.D., *Immediate Past President*

THE SPEAKER: These reports of The Council will be referred to the Reference Committee on Reports of The Council, with two exceptions:

On page 77 and page 78 of the Handbook, and item 4 of the Supplemental Report dealing with recommended changes in the Bylaws, that section of the report will be referred to the Reference Committee on Constitution and Bylaws.

Item 7 of the Supplemental Report, because of the nature of the subject matter, namely, the Salk polio vaccine, will be referred to the Reference Committee on Hygiene and Public Health.

VI. REPORT OF DELEGATES TO AMA

By William A. Hyland, M.D.

The 103rd annual meeting of the House of Delegates of the American Medical Association in San Francisco continued the development of a realistic approach to all questions of a medical nature, with special emphasis upon the subjects of: (a) closed panel medical care plans; (b) division of fees; (c) osteopathy; (d) veterans' care; (e) medical education and hospitals, and (f) the medical training and acceptance of foreign medical school graduates.

Dr. Walter Martin of Virginia was inaugurated as President, with the honor of President-elect being bestowed upon Dr. Elmer Hess of Erie, Pennsylvania, who previously had been a member of the House of Delegates and Chairman of the Council on Medical Service. Our own Dr. Robert Novy of Detroit was unanimously chosen to fill Dr. Hess' unexpired term on this important Committee.

With the election of Bob Novy to the Council on Medical Service, the House demonstrated its wisdom in picking the most qualified members for places on the various important committees.

The quality of men you are sending to the American

Medical Association is such that the organization is keenly aware of the contribution that is being made by the Michigan group, through their work on the various more important reference committees, both standing and special, which resulted in all of the group being called upon for personal opinions on a goodly number of the more important procedures of the organization by its leaders. This high esteem is being jealously guarded by your delegates, who will ever strive to maintain this position.

The proceedings of the House of Delegates has been printed in *The Journal of the American Medical Association* and THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, but a summary of the more important features should be brought to your attention, with consideration of your indulgence and brevity in mind.

Closed Panel Medical Care Plans

The New York resolution, calling for several changes in the Principles of Medical Ethics relative to participation in closed panel medical care plans, was considered by the Reference Committee on Miscellaneous Business. That Committee made the following recommendation, which was adopted by the House:

"In the discussion before your Reference Committee on this resolution, it became apparent to the Committee that clarification and interpretation of the Principles of Medical Ethics in relation to prepaid medical care plans are desirable. As set forth in the Bylaws, the Judicial Council has jurisdiction on all questions of medical ethics.

"Therefore, your Reference Committee recommends that the House of Delegates request the Judicial Council to . . . investigate the relations of physicians to prepaid medical care plans, and render such interpretations of the Principles of Medical Ethics as the Council deems necessary, and report to the House of Delegates not later than the next annual meeting of the Association.

"The Committee further recommends that the New York resolution be referred to the Judicial Council for consideration in connection with this investigation."

The New York resolution, among other suggested changes, would add the following new paragraph to Chapter I, Section 4, "Advertising," of the Principles of Medical Ethics:

"It should be understood that any medical care plan, company, or organization which advertises for subscribers and directs such subscribers to a restricted panel of physicians for medical care, is advertising for the benefit of the physicians involved."

Division of Fees

The House adopted the report of the Reference Committee on Miscellaneous Business, which advocated acceptance of a Judicial Council report on the subject of billing, and made a further recommendation: "That the House of Delegates resolve that it firmly opposes fee splitting, rebating, or payment of commissions in any guise whatsoever and that it further opposes any mechanism that encourages this practice."

The Judicial Council report included the following statements:

"The Judicial Council is of the opinion that the only new facet concerning this subject that has come up recently is the case of joint billing to some of the nonprofit insurance companies. In many cases these insurance companies insist on a joint or combined bill, but the bill is being paid in most instances by two checks. This is not considered unethical, and all insurance plans which do not pay the individual physician in this manner should be urged to do so.

"The Judicial Council is still of the opinion that when two or more physicians actually and in person render service to one patient, they should render separate bills.

"There are cases, however, where the patient may make a specific request to one of the physicians attending him that one bill be rendered for the entire services. Should this occur it is considered to be ethical if the physician from whom the bill is requested renders an itemized bill setting forth the services rendered by each physician and the fees charged. The amount of the fee charged should be paid directly to the individual physicians who rendered the services in question.

"Under no circumstances shall it be considered ethical for the physician to submit joint bills unless the patient specifically requests it, and unless the services were actually rendered by the physicians as set out in the bill."

Osteopathy and Medicine

Several resolutions dealing with osteopathic problems were considered. The House accepted a recommendation by the Reference Committee on Medical Education and Hospitals, and adopted a Supplementary Report of the Board of Trustees on a report of the Committee for the Study of Relations Between Osteopathy and Medicine:

"The justification or lack of justification of the 'cultist' appellation of modern osteopathic education could be settled with finality and to the satisfaction of most fair-minded individuals by direct on-campus observation and study of osteopathic schools. The Committee, therefore, proposed to the Conference Committee of the American Osteopathic Association that it obtain permission for the Committee for the Study of Relations between Osteopathy and Medicine to visit schools of osteopathy for this purpose.

"The Conference Committee favorably recommended this proposal to the Board of Trustees of the American Osteopathic Association, which considered it at a special meeting on February 6-7, 1954. It has referred the question to its House of Delegates, which will act upon the proposal in July, 1954. If the action of the House of Delegates of the American Osteopathic Association be favorable, the on-campus observations can be carried out in the fall of this year. The osteopathic group met in July and approved inspection by a representative group from the American Medical Association of their schools.

"The Committee therefore recommends:

"1. That no action be taken on the report at this time, and that final action be deferred until December, 1954.

"2. That the Committee be continued until December, 1954, in order to be available to evaluate education in schools of osteopathy should the House of Delegates of the American Osteopathic Association act favorably upon the recommendation of its Conference Committee."

We as delegates were authorized by the Michigan State Medical Society House of Delegates to support Klein's report; as it was postponed, we will report on it later.

Veterans Medical Care

Accepting a report by the Reference Committee on Legislation and Public Relations, the House adopted two strong resolutions condemning the present practice of established service connection for veterans' liabilities by legislative fiat. In recommending passage of both resolutions, the Committee said:

"The study of the chronological expansion by law and regulation, together with evidence presented of pending legislation now before a congressional committee, emphasize all too clearly the imperative need of decisive action on the part of the American Medical Association.

"It is the opinion of the Committee that the time is at hand when the American Medical Association and its component societies should go all-out in preventing this unscientific method of determination of service-connected disabilities, and that we respectfully request that copies of these resolutions be transmitted to the Congress of the United States and other appropriate federal agencies."

In connection with veterans' medical care, the House

also adopted recommendations by the Reference Committee on Insurance and Medical Service which reaffirmed the policy on non-service-connected disabilities, established at the 1953 annual meeting, and which commended the informational program carried out since then by the Committee on Federal Medical Services of the Council on Medical Service.

Contrary to some verbose but not too well thought-out statements, the American Medical Association has no quarrel with the veterans. On the contrary, a large part of our membership are members of the various veteran organizations, and are much more conversant with the problem than most of those who wish to have, in time, nearly 100,000,000 citizens of the United States placed under government medical care, most of which treatment has no relation to their service. In the words of Dr. Walter Martin, this attitude will bring socialization of medicine quicker than any other method. Continuing, he further states, these same people individually are openly opposed to socialization in any form.

Medical Education and Hospitals

Although there were many reports and resolutions dealing with the general subject of medical education and hospitals, few were controversial. These resolutions were concerned with the problems of hospital accreditation, interns, foreign graduates—many other related topics—specialization, nursing education, oral surgery, and so forth.

Hospital Accreditation.—The House of Delegates noted that although the Joint Commission for Accreditation of Hospitals has been in existence only a comparatively short time, its work has been outstanding. The House commended its efforts to improve hospital standards, and referred three resolutions to the Joint Commission:

1. The discontinuance of the registration of hospitals by the AMA Council on Medical Education and Hospitals. The House approved this recommendation and requested the Joint Commission to undertake this program.
2. A request for repeal of existing requirements concerning attendance at staff meetings. This resolution was referred to the Commission for such action as may be deemed appropriate.
3. Proposed changes in the rules re hospital staff appointments.

Internship.—On the basis of a report from the Special Committee to Study Internships, the House:

1. Reaffirmed its support of the Matching Plan. It was noted in Reference Committee that there not only were no objections to this Plan, but that remarks from the representatives of hospitals, schools, and students were all laudatory. It was emphasized that the program is voluntary and provides free choice for all persons or organizations involved. It was pointed out that under this program last year, 93 per cent of the interns were matched, 82 per cent with the hospital of their first choice.
2. Approved as a guide a new definition of an internship.
3. Noted that only 13.8 per cent of registered hospitals are approved for internship training, which may be a factor in failure to receive adequate numbers of interns.

Medical Training and Acceptance of Foreign Medical School Graduates

The Special Committee on Internships also called attention to the problem of the evaluation of the competency of foreign graduates. There was a report from the Board of Trustees and several resolutions on this subject.

It is pointed out that in the next two years' immigration quota, some 11,000 foreign medical school graduates will enter the United States, and that it is physically and financially impossible properly to evaluate the foreign school graduates. Instead, the Board of Trustees recommended that the applicants be screened individually by a central board, and that the American Medical Association take the initiative in the formation of such a commission. The House referred these reports and resolutions to the Council on Medical Education and Hospitals, with a request for a report at the Interim Session.

The Michigan delegates to the American Medical Association are conscious of their responsibility as your representatives to the parent organization, and are continuing the policy of being appreciated by our judicious advice and thorough evaluation of the many subjects that are presented at each session. Of the more than seventy resolutions presented, your group was thoroughly conversant with all of them.

Early each morning we met for breakfast, with a discussion of the more important questions by outstanding leaders or students of the particular subject on the agenda.

We devoted an unusual amount of time to the important closed panel item. All phases of this problem were presented by very conversant members of three different plans. The consensus of our group was that this subject is seemingly becoming closer to our own State, also that much is left desired in this phase of practice. However, we do advise careful scrutiny and ever-alertness to this problem in order to maintain a firm and definite hand in the handling of it.

I wish to express the deepest appreciation of the delegates and alternates for the help afforded by the officers, members of The Council and others of the Michigan State Medical Society who attended our daily State conferences, voicing their opinions and knowledge of the current subjects, thus aiding the delegates and alternates in their final opinions.

In turn, I wish to express my personal gratefulness to this same group, and compliment the delegates and alternates for the help and courtesy extended, and their untiring efforts, not for themselves but rather as representatives of the Michigan State Medical Society.

Finally, your delegates and the Chairman thank this House for the confidence you have displayed and the honor accorded us as your spokesmen. It is indeed a pleasure for all of us to serve you.

WILLIAM A. HYLAND, M.D., *Chairman*
Michigan Delegation to the American Medical Association House of Delegates
WYMAN D. BARRETT, M.D.
ROBERT L. NOVY, M.D.
W. H. HURON, M.D.
RALPH A. JOHNSON, M.D.
CLARENCE I. OWEN, M.D.
J. S. DeTAR, M.D.
GROVER C. PENBERTHY, M.D.

THE SPEAKER: The report of the delegates to the American Medical Association will be referred to the Reference Committee on Officers' Reports.

Before we proceed with the next item of business, I want to call your attention to the fact that last year the House of Delegates referred ten items of business to The Council. The discussion and disposition of those items appears on page 72 of the Handbook. I would suggest you read them.

VII. REPORT OF WOMAN'S AUXILIARY TO MSMS

By Mrs. W. S. Stinson, President

This is the fourth year that the President of the Auxiliary has appeared before you to report our activities of the past year. In the continuance of this procedure you

are evidencing a faith in the importance of your Auxiliary. For this faith and confidence we are grateful, and I am happy to be the one to bring the message this year.

It has aptly been said, "A man of words and not of deeds is like a garden full of weeds." I shall try to make my words as brief as possible, but still tell you enough of the deeds of 1953-1954 so that I may convince you that the Auxiliary is not "a garden full of weeds."

No organization is healthy if it does not continue to grow or expand. Despite the fact that it is the only organization to which only doctors' wives may belong, the Michigan Auxiliary still has a lot of growing to do before its membership comes within sight of its parent organization.

However, our record of the past year is hopeful and encouraging. Wayne County, where there still is the greatest discrepancy between numbers in the County Medical Society and in the Auxiliary, gained over 100 new members. Ingham County gained sixty—an increase of 65 per cent. Six new county Auxiliaries were organized during the year. These are: Cass, Chippewa-Mackinac-Luce, Hillsdale, Lenawee, Livingston and Van Buren. In several of these counties I understand this organization came as the result of the insistence of the doctors.

We are, of course, extremely grateful to you gentlemen from these areas; but this word of caution I would like to leave with you: Those Auxiliaries will not be apt to survive for long if you men do not continue to be interested in them, to encourage them, to ask for their assistance, and to give them something worth-while to do.

Just as an organization is decadent if it fails to grow, so is it lacking in merit if it doesn't have a worth-while purpose. I can't possibly tell you of all the projects and activities which the forty-nine groups with their 2,516 doctors' wives do in Michigan; but I'd like to mention a few that I feel really take top billing.

In the field of health education we co-sponsor with the Michigan Tuberculosis Association a tuberculosis essay and radio speech contest. Last fall 2,907 high school students made a study of tuberculosis and wrote essays on the subject, and the winning scripts were delivered before audiences totaling an estimated 14,000 people.

The magazine, *Today's Health*, is the most authentic health publication available to the lay public. The American Medical Association publishes it and makes the Auxiliaries in all states responsible for its circulation. In Michigan this year 1,231 subscriptions were obtained. Many were given by county Auxiliaries to schools, Y's, civic centers, and so on. Many more copies of the magazine should be coming into Michigan. It certainly would make much better reading for patients than some of those year-old copies of *Collier's* which some of you men keep lying around your waiting rooms.

Still in the field of health education, all over the State the county Auxiliaries have sponsored meetings for the education of their citizens, on such health problems as gereontology, narcotics, veteran medical care, child guidance, mental health, and so on.

The one project most enthusiastically worked upon by the greatest number of counties is nurse recruitment. Last spring we made a survey of all our counties to see just how many loans or scholarships were being granted to needy girls, and what their value was. We found that over half the counties maintained such a fund, and that last year over $6,000 was donated by the Michigan Auxiliary for nursing education.

This financial means of recruiting is the most popular, but other devices seem of equal or greater importance. In Muskegon, for instance, twenty-two Auxiliary members sponsor eleven Future Nurse Clubs in the high schools. Bay County assisted in forming fifteen Future Nurse Clubs in small towns where there is little vocational guidance; then they arranged for a workshop for faculty sponsors of the Clubs. Tuscola County has only fourteen members, but they gave a tea and a recruitment program for 125 high school girls a year ago, and six of those girls are now in nurse training.

Almost every county has a favorite community service which it carries on from year to year. Two counties have complete responsibility for the Easter Seal sale for Crippled Children. In some small towns the medical Auxiliary takes the place of the hospital Auxiliary. Seventeen counties collect sample drugs from the offices of dentists and physicians and ship this material to the Medical and Surgical Relief Committee, which in turn sends it to needy countries overseas. In all counties where the Salk polio test was conducted, the assistance of the Auxiliary was offered. A sum exceeding $1,200 has gone this year from the Michigan Auxiliary to the American Medical Education Foundation.

This year we have stressed more than anything else the importance of each individual member taking an active part in her community's activities—in being a good citizen. Of course, "P.R." still means "public relations," but we chose to interpret it as "personal responsibilities." An awareness of this personal responsibility is bound to create good public relations. Particularly is this philosophy important where the membership of a county, or several counties, is scattered with one in each town. There it is difficult for the organization as a unit to do too much.

However, it seems worth mentioning that in our largest county, where a telephone survey of about three-fourths of the membership was made—an astronomical feat—it was found that 2,578 volunteer hours were given per week by doctors' wives to such agencies as Heart, Polio, Cancer, Tuberculosis, and so on. It was an average of over seven and one-half hours per week per woman. I have no doubt that it would be higher in smaller communities.

I suppose there is not too much to be gained from such a survey, but it may create for the woman who is doing nothing an awareness of her lethargy. Also, we shall have a reply for the next person who says that doctors' families are poor citizens of the community.

On both the State and county level the Auxiliary stands ready at any time to assist the Medical Society in any manner possible. Members are kept informed on current medical legislation by bulletins from both Lansing and Washington. In Ingham County, once each year, the wives of all State legislators are beautifully entertained by the doctors' wives.

In enumerating these many activities of your Auxiliary it has been my purpose to inform you that it is an organization made up of your wives, interested in the health and welfare of your community, and, through this interest and the work involved, creating a better attitude on the part of John Doe, Citizen, toward the medical profession as a whole.

At this time I should like to express appreciation, both personally and in behalf of the Auxiliary, for the wonderful support and assistance given by the Michigan State Medical Society. The personnel in the office at Lansing has been most co-operative. We are extremely grateful for all of the mimeographing done there and for the printing of our News Sheet. To The Council I say "Thank You" for the financial assistance granted us. I am especially pleased that the decision has been made to print addresses along with names in our Roster in THE JOURNAL.

To act as President of the Auxiliary, to attempt to correlate and guide the activities of 2,516 women without a central office or paid assistance, is not a particularly easy job. During the past twelve months I have driven my car over 5,000 miles in Michigan, in addition to traveling by plane or train to and from Chicago, Columbus and San Francisco. Over 700 communications have gone out from my desk. No record of the time thus consumed has been kept.

There is, of course, a certain honor associated with

the position. The friendships formed and the acquaintances made shall make my life richer forever after. To me, however, my greatest reward has come from the knowledge that my husband is a physician. I am proud of him because I believe his is the greatest profession in the world. This was my chance, in my very small way, to serve that wonderful profession.

* * *

THE SPEAKER: This very stimulating report will be referred to the Reference Committee on Officers' Reports.

VIII. SELECTION OF MICHIGAN'S FOREMOST FAMILY PHYSICIAN

I will ask the Secretary to read the biographical data on the three men who have been selected for your balloting, following which you will be asked to vote, using the first ballot in the Handbook.

I will ask Dr. Teed and Dr. Dibble if they will act as tellers.

(Secretary Foster read the biographical data on the three candidates.)

THE SPEAKER: Thank you, Dr. Foster. The three nominees for this honor are Dr. Bloom, Dr. McColl and Dr. Sherk. You will vote for one man.

(Balloting.)

I have been handed the tellers' report and Duncan J. McColl, M.D., Port Huron, has been chosen. (Applause.)

IX. ELECTION OF L. FERNALD FOSTER, M.D., AS PRESIDENT-FOR-A-DAY

F. W. BASKE, M.D. (Genesee County): I have a motion which I believe is presented on behalf of the entire Michigan State Medical Society. It reads as follows:

Because of his outstanding work in Michigan medicine, as well as in national circles, and because of his unusual devotion and loyalty to the work of this organization, I move that our Secretary, L. Fernald Foster, M.D., be elected President-For-A-Day, and that the rules of the Society be set aside permitting action on this motion without consideration by a reference committee.

THE SPEAKER: That requires a second.

O. J. JOHNSON, M. D. (Bay City): I wish to second the resolution of the Genesee County delegation to elect Dr. L. Fernald Foster President-For-A-Day.

In the span of eighteen years that Dr. Foster has been Secretary of MSMS there has been a marked change in responsibilities and activities of organized medicine. Through his vision and interest he has kept MSMS in the enviable position of leader among state societies. The part that he has had in placing MSMS at the top is recognized throughout the United States. Few members realize the time and effort that he has expended as well as we in Bay County. The time he has unselfishly devoted to MSMS, to the sacrifice of his personal interests, is very apparent to us who practice with him.

Therefore, it is a privilege to participate and support this action, which gives public recognition and expresses the feeling of regard and appreciation of the service, leadership and vision that Fern Foster has rendered to us, to our patients, and to the practice of medicine throughout Michigan and the United States.

THE SPEAKER: Thank you. Those voting "yes" will please rise.

(The audience arose and the motion was carried unanimously.)

THE SPEAKER: The voting is recorded as unanimous. Congratulations, Dr. Foster. Would you like to say a few words?

SECRETARY FOSTER: Mr. Speaker and members of the House, this is the first time I have been caught short for words that I can recall. This is a total surprise to me. All I can say to you is "Thank you."

(The meeting was recessed at 12:20 p.m.)

MONDAY AFTERNOON SESSION

September 27, 1954

The meeting reconvened at 2:15 p.m., J. E. Livesay, M.D., Speaker of the House, presiding.

X. RESOLUTIONS AND MOTIONS

X—1. RESOLUTION GRANTING HONORARY MEMBERSHIP TO DON E. JOHNSON, FLINT

C. W. COLWELL, M. D., (Genesee County):

"WHEREAS, Mr. Donald E. Johnson of Flint has rendered distinguished services to medicine in his outstanding work in the lay cancer field, and

"WHEREAS, Mr. Johnson has given unstintingly of his time and resources to further research in cancer, to provide professional and lay education, and to stimulate public interest in the cancer problem, and

"WHEREAS, he has solely financed the Genesee County Annual Cancer Day which after ten years has become one of the outstanding cancer programs in the country, and

"WHEREAS, he has been honored nationally by being given an executive appointment as a Director of the National Research Cancer Center in Bethesda, Maryland, as well as being elected a National Director of the American Cancer Society, and

"WHEREAS, he is an Honorary Member of the Genesee County Medical Society. The Michigan State Medical Society Bylaws, Chapter V, Section 2, provide for Honorary Membership in MSMS; therefore, be it

"RESOLVED: That Mr. Donald E. Johnson be awarded honorary membership in the Michigan State Medical Society."

"Submitted by the
Genesee County Medical Society"

THE SPEAKER: This resolution will be referred to the Reference Committee on Special Memberships.

X—2. RESOLUTION RE STUDY OF ANESTHETIC FEES BY INSURANCE COMPANIES AND MMS

W. S. STINSON, M.D. (Bay-Arenac-Iosco County): The following resolution was passed by the Bay-Arenac-Iosco County Medical Society on September 22, 1954:

"WHEREAS, more doctors of medicine are devoting time to anesthesiology, and

"WHEREAS, the present fee schedules of insurance companies for anesthetics are in many cases, inadequate for the time and skill involved, and

"WHEREAS, the Michigan Medical Service did not increase their fee for this service with the revision of other fees; therefore, be it

"RESOLVED: That the House of Delegates request of insurance companies a study of the question of anesthetics, with a view to revising upward the present fee schedule, making them more adequate for the services rendered by doctors of medicine; and be it further

"RESOLVED: That the House of Delegates recommend to Michigan Medical Service that their fee for anesthetics be increased for the same reason."

THE SPEAKER: This resolution will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

X—3. RESOLUTION RE HOSPITAL STAFF STUDY OF MHS UTILIZATION

W. S. Reveno, M.D. (Wayne): I have a resolution from the Advisory Committee to Michigan Hospital Service that reads as follows:

"WHEREAS, the MSMS Advisory Committee to Michigan Hospital Service and its representatives have been unable to achieve maximum results in their efforts to implement the suggestions for proper utilization of hospital services because of delay on the part of hospital staffs to appoint special committees for this purpose, as recommended by the House of Delegates of the MSMS at its 1953 session; therefore, be it

"RESOLVED: That the following recommendation be respectfully transmitted to the President of the Michigan Hospital Association and to the chiefs of staff of all participating hospitals of Michigan Hospital Service, with the request that it be presented for approval by their staff membership; and when so approved, each hospital administrator or representative be invited to present the following recommendation to his hospital medical staff for early consideration.

" 'A committee of —— members of the medical staff of ———————— Hospital be appointed by the Chief of Staff, whose duty it shall be to review periodically the hospital records of patients admitted under prepayment hospital contracts and to assess the propriety of service utilization. This committee shall be the sole agency for contact between duly authorized representatives of the Michigan State Medical Society Advisory Committee to Michigan Hospital Service in matters pertaining to patient services under the contracts.' "

The speaker: This solution will be referred to the Reference Committee on Resolutions.

X—4. RESOLUTION RE BY-LAW CHANGES AFFECTING MEMBERSHIP

R. A. Johnson, M.D. (Wayne): Mr. Speaker, I have eight items that have to do with the Constitution and Bylaws of the Michigan State Medical Society. Most of these items are in the field of clerical errors and misprint. If you will turn to page 145 of your Handbook you will be able to trace the changes as proposed.

Chapter 5, Section 3 (f): Add after ". . . on account of protracted illness," "provided his membership dues are paid to the end of the preceding calendar year."

Chapter 5, Section 3 (g): Add after ". . . postgraduate medical studies," "provided his membership dues are paid to the end of the preceding calendar year."

Chapter 5, Section 4: Add after ". . . may be transferred to the retired members' roster," "provided his membership dues are paid to the end of the preceding calendar year."

Chapter 5, Section 5: Add after ". . . of his own component county society," "provided his membership dues are paid to the end of the preceding calendar year."

Chapter 5, Section 8: Delete the words "Only active members are eligible to . . .," this Section then to read:

"Section 8: "For retired or life membership, the component county society of such members . . ."

Chapter 6, Section 6: Delete reference to Section 3, Chapter 6. Section 6 then should read:

"Sec. 6: In the event that a hearing shall have been had before an appropriate committee of a component county society as provided in Section 5, Chapter 6 . . ."

Chapter 8, Section 1—Composition of House of Delegates: Add "retired" members so that MSMS obtains the benefit of the total number of retired members in the counties to the AMA on membership.

Section 1 then should read: ". . . one delegate for each fifty voting members, active, life and retired, and one delegate for each additional major fraction thereof."

Chapter 15, Section 2: Add after ". . . properly remitted," "unless his name is to be submitted for election to one of the special memberships listed in Chapter 5 at the next succeeding annual meeting of the House of Delegates."

The speaker: All of these items will be referred to the Reference Committee on Constitution and Bylaws.

X—5. RESOLUTION RE MIGRANT WORKERS

Otto Vander Velde, M.D. (Ottawa):

"WHEREAS, the State of Michigan annually imports several thousand migrant laborers, and

"WHEREAS, the health of much of this imported labor is often questionable, and

"WHEREAS, the employers of this labor frequently do not provide proper housing and sanitary facilities, and

"WHEREAS, many health hazards are thereby created to our own people; therefore, be it

"RESOLVED: That the Michigan State Medical Society call the attention of this health problem to the proper authorities through the continued activity of the Migrant Worker Study Committee."

The speaker: This will be referred to the Reference Committee on Hygiene and Public Health.

X—6. RESOLUTION RE PANEL ON UNDERGRADUATE MEDICAL EDUCATION

Otto Vander Velde, M.D. (Ottawa):

"WHEREAS, there is a constant growing interest in medical education on the part of our profession and the general public, and

"WHEREAS, there is a continually growing need for more physicians to serve an ever-increasing population, and

"WHEREAS, there is great need that we as physicians become more informed as to present facilities and future plans for increase in these facilities to meet this growing need; therefore, be it

"RESOLVED: That The Council of the Michigan State Medical Society arrange with the deans of our two medical schools for a panel discussion on undergraduate medical education. This panel discussion is to be a part of the program of a State meeting of the MSMS at some future date."

The speaker: This resolution will be referred to the Reference Committee on Miscellaneous Business.

X—7. RESOLUTION RE EXPANSION OF AMA ADMINISTRATIVE FACILITIES

C. L. Candler, M.D.: (Wayne):

"WHEREAS, the development and effectiveness of scientific medicine with comparable demand for its distribution places health care economically on the level of a national business concern, and

"WHEREAS, if we want medicine to remain within the realm of private enterprise and our leaders to continue to determine its policies, free from pressure groups who presume federal health insurance to be the answer, we should follow the methods of successful private enterprise, and

"WHEREAS, the organization of the American Medical Association is a representative one, from the President, Trustees, and headquarters staff down through the state and county societies, and should remain as presently organized, and

"WHEREAS, if the American Medical Association is to lead the health professions and the allied organizations in the ways of private enterprise, we must aid our officers and delegates by the expansion of our administrative and fact-finding facilities at headquarters; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society instruct our delegates to the AMA to use their influence to place before the

delegates of the AMA at the interim meeting in December, a resolution that a committee be appointed by the Board of Trustees to study the problems set forth in this resolution, and to bring in a report at the following annual meeting of the House of Delegates to the AMA in 1955."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

X—8. RESOLUTION RE CHANGE IN NAME OF MENTAL HYGIENE COMMITTEE

C. K. HASLEY, M.D. (Wayne):

"WHEREAS, the Mental Hygiene Committee of the Michigan State Medical Society, at its meeting of April 21, 1954, adopted a motion to the effect that the name should be changed to the 'Committee on Mental Health,' and

"WHEREAS, this recommendation was referred to and approved by the Executive Council of the Michigan State Medical Society on May 9, 1954, and

"WHEREAS, the Committee referred this recommendation to the Reference Committee on Constitution and Bylaws; therefore, be it

"RESOLVED: That in the Bylaws, Chapter 10, Section 3, the name 'Committee on Mental Hygiene' be changed to 'Committee on Mental Health.' "

THE SPEAKER: This resolution will be referred to the Reference Committee on Constitution and Bylaws.

X—9. RESOLUTION RE FEES FOR SURGICAL ASSISTANTS

R. F. FENTON, M.D. (Wayne):

"WHEREAS, the members of the 1954 House of Delegates of the AMA reaffirmed their previous position in regard to the ethical way of billing a patient when more than one physician is in attendance on a case, in that separate statements must be rendered by the participating doctors, and

"WHEREAS, that body took cognizance of the fact that this does not settle the problem where the question of insurance is involved, and

"WHEREAS, recognition was taken of the fact that in several states voluntary insurance plans have incorporated fees for surgical assistants, and

"WHEREAS, a suggestion was made that voluntary plans in other states be encouraged to consider such action also, and

"WHEREAS, an opinion has been rendered by a competent firm of attorneys stating that it would not be contrary to law to pay such fees when separate checks are issued; therefore, be it

"RESOLVED: That this House of Delegates petition the Michigan Blue Shield to reconsider their action in this regard, and attempt to work out a provision whereby in those hospitals having none or an insufficient number of residents and interns, upon the request of the operating surgeon a fair and equitable fee shall be paid to the family physician assisting in the case."

THE SPEAKER: This resolution will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

X—10. RESOLUTION RE COUNTY MEDICAL SOCIETY RESPONSIBILITY IN MEDICAL CIVIL DEFENSE

M. L. LICHTER, M.D. (Wayne):

"WHEREAS, with the development of the hydrogen bomb, effective medical civil defense planning must be done on a state basis since each area is dependent for survival on adjacent communities; this has been recognized by the Committee on Emergency Medical Service of the Michigan State Medical Society; and

"WHEREAS, The Council of the State Society has expressed its awareness of this fact and has approved a State medical defense plan, and

"WHEREAS, the Councilors of the several districts, with the approval of The Council of the State Society, designated representatives to provide the component county societies with a method of implementing the State medical defense plan, and

"WHEREAS, the activation of this program is dependent on the development of county units that can be integrated and co-ordinated with the State plan, and

"WHEREAS, several of the counties have been lax in developing local programs, and in this way have not only vitiated the State plan but the activities of other county medical societies; therefore, be it

"RESOLVED: That the House of Delegates urge each constituent society to assume its responsibility and organize immediately a medical civil defense unit in support of the State plan."

THE SPEAKER: This resolution will be referred to the Reference Committee on Emergency Medical Service.

X—22. RESOLUTION RE SURGICAL ASSSISTANTS' FEES

O. J. JOHNSON, M. D. (Bay-Arenac-Iosco): At a meeting of the Bay-Arenac-Iosco County Medical Society September 22, 1954, the following resolution was passed:

"WHEREAS, the surgical fee paid by the insurance company is the only fee that may be recovered in many cases, and

"WHEREAS, the House of Delegates of the AMA in June, 1954, approved the opinion of the Judicial Council of the AMA that it is ethical for private insurance companies to pay the surgical fee in part to the operating surgeon and the remainder to the attending physician who has actually and in person aided in the care of the patient, therefore, be it

"RESOLVED: That the House of Delegates of the MSMS recommend to Michigan Medical Service that it pay surgical fees to the operating surgeon and to the attending physician, who has actually and in person aided in the care of the patient, in amounts as specified by and if requested by the operating surgeon."

X—11. RESOLUTION RE PERIODIC HEALTH EXAMINATIONS BY CERTAIN HOSPITAL STAFFS

L. T. HENDERSON, M.D. (Wayne):

"WHEREAS, certain organizations demand periodical examinations of certain of ther members, and

"WHEREAS, certain hospital staffs have been organized to conduct these examinations, and

"WHEREAS, there arises the question of interference with the patient-physician relationship which represents the basic philosophy of the best method of medical practice; therefore, be it

"RESOLVED: That the value and ethical implications of this practice be evaluated by the House of Delegates of the Michigan State Medical Society; and be it further

"RESOLVED: That this matter be introduced at the next meeting of the American Medical Association if this House of Delegates decides that this situation has sufficient merit."

THE SPEAKER: This will be referred to the Reference Committee on Resolutions.

X—12. RESOLUTION RE HOME-TOWN VETERANS ADMINISTRATION MEDICAL CARE PROGRAM

D. W. THORUP, M. D. (Berrien):

"WHEREAS, the veterans care program under the Michigan Medical Service does not become operative

until after a request for authorization has been received from the private physician, and

"WHEREAS, the disability is frequently cured prior to receipt of such authorization, and

"WHEREAS, the greatest majority of disabilities are not service-connected and could be financially met by personal means of most such afflicted veterans, and

"WHEREAS, serious chronic disabilities might be better cared for in a veterans' facility; be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society request the Michigan Medical Service to discontinue the veterans' care program."

THE SPEAKER: This resolution will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

X—13. RESOLUTION RE PUBLIC RELATIONS FUNDS.

D. W. THORUP, M.D.

"WHEREAS, the urgency for the Michigan State Medical Society special dues of $20 yearly for public relations has lessened, and

"WHEREAS, the real core of good public relations is individual physician-patient relationship, and

"WHEREAS, improvement in service to the public can frequently be performed better by county societies than the state organization; therefore, be it

"RESOLVED: That any county society wishing to carry on local public relations in the way of a service program or other acceptable means, may request of the Michigan State Medical Society fund allocated for such purposes in an amount not to exceed one-half of the amount paid in by such counties for this purpose. The decision on the granting of each request shall rest with The Council of the Michigan State Medical Society."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

X—14. RESOLUTION RE LIBERALIZATION OF MMS BENEFITS

D. G. PIKE, M.D. (Grand Traverse-Leelanau-Benzie County):

"WHEREAS, the development and subsequent improvement of a voluntary health insurance program has been a primary interest of the Michigan State Medical Society, and

"WHEREAS, the broadening of benefits of such a program to include realistic protection against the medical costs of all illness, medical as well as surgical, is an essential in the further improvement of such a program, and

"WHEREAS, consultations are a recognized vital need for the proper care of some hospitalized patients, and

"WHEREAS, services rendered medical patients vary widely with the nature of the medical problems presented, so that unusual time and/or skill may be necessary for their proper care; therefore, be it

"RESOLVED: That the Grand Traverse-Leelanau-Benzie County Medical Society does hereby resolve that a recommendation for the following changes in the benefits of the Michigan Medical Service, The Blue Shield Plan, be respectfully submitted to the House of Delegates of the Michigan State Medical Society at the next annual meeting, for transmittal to the Board of Directors of Michigan Medical Service:

"1. Provision for coverage in total, or part, of medical and/or surgical consultation fees for services necessary for the proper care of hospitalized patients, just as the plan now covers similar fees for x-rays, laboratory, and pathological consultative services.

"2. Increase of prevailing benefits for medical services to cover unusual services, incident to the care of medical cases, on a schedule of benefits that will compensate for the varying amounts of time and skill that are necessary in caring for the various medical problems, just as the schedule of benefits now does for the various surgical procedures."

THE SPEAKER: This will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

X—15. RESOLUTION RE REVISION OF BLUE SHIELD FEE SCHEDULE

F. C. RYAN, M.D. (Kalamazoo):

"WHEREAS, the doctors and hospitals of Michigan have been faced with rising costs for the past several years, and the hospitals have had several increases in their Blue Cross schedules, and

"WHEREAS, the doctors of Michigan have had several adjustments in the fee schedule not commensurate with the general rise in the cost of living and not commensurate with fees paid to doctors by some other insurance companies, and

"WHEREAS, there are inequities in the fee schedule concerning several branches of medicine, including radiology and anesthesia; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society recommend to the Board of Directors of Michigan Medical Service that it study and revise its fee schedule to be consonant with the economic realities of the present time."

THE SPEAKER: This will be referred to the Reference Committee on Medical Service and Prepayment Plans.

X—16. RESOLUTION RE TRAFFIC SAFETY

J. R. RODGER, M.D. (Northern Michigan County):

"WHEREAS, Michigan doctors of medicine have a responsibility for supporting all efforts to prevent sickness and accidents, and

"WHEREAS, the 1953 Michigan traffic toll of 1,925 fatalities and 57,300 persons injured represents a human and economic waste which is intolerable and largely unnecessary, and

"WHEREAS, the Michigan State Safety Commission and the Michigan Traffic Safety Federation have rendered invaluable service in pointing the way toward possible solutions of this problem; therefore, be it

"RESOLVED: That this House of Delegates strongly urge the Michigan State Safety Commission and the Michigan Traffic Safety Federation to redouble their efforts toward creating a lower highway accident rate for Michigan; and be it further

"RESOLVED: That the recommendation of the Michigan Highway Safety Seminar of January 2, 1954, calling for increased numbers of State police, receive our specific support; and be it further

"RESOLVED: That individual members of the Michigan State Medical Society, by way of the Secretary's Letter, be urged to acquaint themselves with the fact of the presence or absence of driver training programs in the schools of their respective communities, and, where such a program does not exist, to strongly urge its initiation; and be it further

"RESOLVED: That the House of Delegates instruct the President of the Michigan State Medical Society to appoint a committee to study traffic accident prevention in the State of Michigan."

THE SPEAKER: This resolution will be referred to the Reference Committee on Legislation and Public Relations.

X—17. RESOLUTION RE EXTENSION OF MSMS PERIODIC HEALTH APPRAISAL PROGRAM

J. R. RODGER, M.D.: (Northern Michigan Counties)

"WHEREAS, the Committee on Periodic Health Appraisal of the Michigan State Medical Society and the Michigan Health Council has outlined a workable plan whereby Michigan doctors of medicine can serve their patients with periodic health appraisals, and

"WHEREAS, The Council of the Michigan State Medical Society in its supplemental report to this House of Delegates has endorsed the recommendations of the above Committee; therefore, be it

"RESOLVED: That each member of this House of Delegates, being a chosen leader of organized medicine in his area, enthusiastically forward the periodic health appraisal program among his colleagues and his patients, not forgetting himself as a patient."

THE SPEAKER: This will be referred to the Reference Committee on Resolutions.

X—18. RESOLUTION RE MEMORIAL IN THE JOURNAL MSMS TO THE LATE E. D. SPALDING, M.D.

F. D. JOHNSON, M.D. (Genesee):

"WHEREAS, the House of Delegates of the Michigan State Medical Society feels deeply the untimely loss of Dr. Edward D. Spalding, who symbolized idealism, hard work, fair play, forthrightness and the courage to crusade for the right; therefore, be it

"RESOLVED: That this House recommend that THE JOURNAL of the Michigan State Medical Society reserve a column entitled 'The Right to Our Opinions' as a reminder to all of us that Dr. Edward D. Spalding did much toward preserving for us the right of free expression; and be it further

"RESOLVED: That a copy of this resolution be sent to the surviving members of his family."

Mr. Speaker, I would like to have this resolution adopted by the House without referral to a reference committee.

R. W. TEED, M.D. (Washtenaw): I second that.

(The motion was put to a vote and was carried unanimously.)

X—8. RESOLUTION RE CHANGE IN NAME OF MENTAL HYGIENE COMMITTEE

R. L. NOVY, M.D. (Wayne): This is a resolution in regard to Bylaw changes.

"WHEREAS, the American Medical Association designates its committee concerned with mental health and mental hygiene problems as the 'Committee on Mental Health,' and

"WHEREAS, it is in the interests of unity of function and title that similar committees of state medical socieies be so designated; therefore, be it

"RESOLVED: That the Bylaws of the Michigan State Medical Society, Chapter X, Section 3, line 10, be changed to read 'Committee on Mental Health' in lieu of 'Committee on Mental Hygiene.'"

THE SPEAKER: An identical motion has been presented, Dr. Novy. We will refer them both to the Reference Committee on Constitution and Bylaws.

(K. H. JOHNSON, M.D., assumed the Chair.)

XI. REPORTS OF STANDING COMMITTEES

CHAIRMAN JOHNSON: Item 15 on the agenda concerns reports of standing committees. Instead of spending the time to assign each report to a standing committee, I will simply tell you that this portion of these reports will be referred to the standing committee as I call the name.

XI—1. COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION

Report of the Committee on Postgraduate Medical Education appears on page 83 of the Handbook.

XI—2. PREVENTIVE MEDICINE COMMITTEE AND SUBCOMMITTEES

The Preventive Medicine Committee's report appears on page 90 of the Handbook.

Committee on Rheumatic Fever Control.—The report appears on page 93 of the Handbook.

There is no report in the Handbook from the Cancer Control Committee.

Maternal Health Committee.—The report appears on page 95 of the Handbook.

Report of the *Venereal Disease Control Committee.*—This report appears on page 97 of the Handbook.

Report of the *Tuberculosis Control Committee* appears on page 100.

The report of the *Industrial Health Committee* appears on page 105.

Report of the *Mental Hygiene Committee,* page 107.

The report of the *Child Welfare Committee* appears on page 109. This includes the reports of the three subcommittees as listed.

The report of the *Iodized Salt Committee* appears on page 110.

The report of the *Geriatrics Committee* appears on page 111.

XI—3. PUBLIC RELATIONS COMMITTEE AND SUBCOMMITTEES

The report of the *Public Relations Committee and subcommittees* begins on page 112.

XI—4. ETHICS COMMITTEE

The report of the *Ethics Committee* appears on page 124.

XI—5. LEGISLATIVE COMMITTEE

The report of the Legislative Committee appears on page 124.

All of these reports of standing committees will be referred to the Reference Committee on Standing Committees.

XII. REPORTS OF SPECIAL COMMITTEES

XII—1. BEAUMONT MEMORIAL COMMITTEE

The report of the Beaumont Memorial Committee appears on page 127.

XII—2. SCIENTIFIC RADIO COMMITTEE

The report of the Scientific Radio Committee appears on page 129.

XII—3. ADVISORY COMMITTEE TO WOMAN'S AUXILIARY

The report of the Advisory Committee to the Woman's Auxiliary appears on page 130.

XII—4. ADVISORY COMMITTEE TO MICHIGAN STATE MEDICAL ASSISTANTS SOCIETY

The report of the Advisory Committee to the Michigan State Medical Assistants Society appears on page 131. Is there a further report from this Committee?

OTTO VANDER VELDE, M.D.: As Chairman of that Committee, the report was submitted by me. The second paragraph reads: "The subject of constitutional revision in regard to eligibility of membership was discussed at some length, and a tentative revision was suggested to The Council of the Michigan State Medical Society. These suggeestions are still under consideration for a future meeting."

I would like to report in addition that The Council has considered this revision to the Constitution of the Michigan State Medical Assistants Society. The revision reads as follows:

"In order to more clearly define eligibility for membership, your Executive Board . . . recommends that Article IV, Section 2, Part A of our Constitution"—that refers to the Constitution of the Medical Assistants Society—"be changed to read, 'Active membership is open

to any eligible person actively employed in a technical or in an administrative capacity in the office or laboratory of a member of the Michigan State Medical Society. Also, administrative employees in the offices of medical hospitals or medical laboratories of the State of Michigan, on application and acceptance by the Membership Committee, subject to approval by the Executive Committee."

This change in the Constitution of the Medical Assistants Society will be brought up to their meeting on Wednesday, as I understand it.

CHAIRMAN JOHNSON: This additional report from the Advisory Committee to the Medical Assistants Society will be referred, with the previous report, to the Reference Committee on Special Committees.

This meeting of the House of Delegates will stand recessed until eight o'clock this evening.

(The meeting recessed at 3 p.m.)

MONDAY EVENING SESSION

September 27, 1954

The meeting reconvened at 8:15 p.m., J. E. Livesay, M.D., Speaker of the House, presiding.

X—19. RESOLUTION RE COMMENDATION OF STATE HEALTH COMMISSIONER

G. T. MCKEAN, M.D. (Wayne):

"WHEREAS, Albert E. Heustis, M.D., has served as Commissioner of Health of the State of Michigan in a superior manner, and

"WHEREAS, Dr. Heustis has co-operated to an admirable degree with committees and members of the Michigan State Medical Society; therefore, be it

"RESOLVED: That this House of Delegates commends Dr. Heustis on his activities and hopes that his service will continue to be available in the co-operative spirit shown in the past; and be it further

"RESOLVED: That Dr. Heustis be sent a copy of this resolution."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

X—20. RESOLUTION RE GREATER UNIFORMITY BY BASIC SCIENCE BOARDS

J. D. FRYFOGLE, M.D. (Wayne):

"WHEREAS, the Basic Science Board exists for the purpose of maintaining a high standard in candidates who wish to practice the healing arts, and

"WHEREAS, the Basic Science Board's function is to pass on or screen undesirable candidates who cannot so qualify and

"WHEREAS, there still exists a gross discrepancy between the many similar examining boards of other states and of the State of Michigan as to what qualifies a candidate for reciprocity, i.e., acceptance of basic science examinations or certificates, National Board certificates or Basic Science portion of other state board examinations, and.

"WHEREAS, the State of Michigan and the medical profession would benefit by admittance of fully qualified practitioners; therefore, be it.

"RESOLVED: 1. That greater uniformity of the basis for reciprocity be brought about.

"2. That candidates whose academic or professional qualifications clearly make them desirable practitioners be given reciprocity."

THE SPEAKER: This will be referred to the Reference Committee on Legislation and Public Relations.

X—21. RESOLUTION RE DIVISION OF FEES

L. F. HAYES, M.D. (North Central):

"WHEREAS, there exists considerable confusion regarding (1) legality and (2) ethics of division or apportionment of fees, which is often called fee splitting, and

"WHEREAS, the House of Delegates of the American Medical Association at their meeting in San Francisco in June, 1954, adopted the report of the Judicial Council, which deems ethical the practice of combined billing to (1) nonprofit insurance companies; (2) patients who so request, provided that (1) the bills are itemized as to each physician's service and fee and (2) separate checks are rendered in payment, and

"WHEREAS, legal opinion given to the Michigan Medical Service and conveyed to The Council of the Michigan State Medical Society further confuses the issue by stating in paragraph I that apportionment of fees is illegal under the laws of Michigan but in paragraphs II and III state that plans whereby a surgeon receives a lesser fee for less service or a physician receives compensation for services rendered is not considered apportionment of fees, and

"WHEREAS, the legality of the issue in the State of Michigan seems to depend upon whether the medical fraternity considers the practice ethical; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society now in session be allowed to vote, by ballot, without referring the matter to committee, on the following question: 'Is the division of fees considered ethical if the following criteria are observed: (1) the billing is clearly understood by the patient and participating physicians; (2) is rendered in adequately itemized form; (3) wherein the apportionment is commensurate with services rendered by each physician, and (4) for which payment is rendered separately?"

THE SPEAKER: Dr. Hayes, you have raised a question of parliamentary law. Actually, our Bylaws state that such resolutions must be referred to a reference committee. We cannot move in one session to set aside the Bylaws. I appreciate the fact that on two or three occasions the Chair has permitted such action on resolutions of a congratulatory nature or resolutions honoring some member, but in questions such as this the Chair believes the motion out of order to handle this immediately without reference to a reference committee.

Therefore, it will be referred to the same committee that has handled this question before, the Reference Committee on Medical Service and Prepayment Insurance.

L. F. HAYES, M.D.: If I might question you for just a moment, the resolution does not ask for a change in the Bylaws or Constitution. The Bylaws and Constitution, as far as I can see, do not cover this situation, and the resolution is just to have a question answered.

R. A. JOHNSON, M.D.: Mr. Speaker, I move to sustain the decision of the Chair.

May I speak on that motion, sir? At a reference committee meeting various other individuals who may have knowledge on the matter at hand are called in in consultation. For that and many other reasons that you know better than I, Mr. Speaker, I move to sustain the decision of the Chair.

(The motion was severally seconded, was put to a vote, and was carried unanimously.)

VIII. MICHIGAN'S FOREMOST FAMILY PHYSICIAN

This morning we elected Michigan's Foremost Family Physician. Dr. McColl is with us here tonight, and I would like to present him to you. Dr. McColl.

(The audience arose and applauded.)

XIII. REPORTS OF REFERENCE COMMITTEES

XIII—1. ON OFFICERS' REPORTS

D. G. PIKE, M.D.: (Grand Traverse-Leelanau-Benzie Counties)

(a) *Speaker's Address.*—The Reference Committee wishes to commend the Speaker on his thoughts in regard to unity of effort of the proceedings of the House of Delegates, and recommends its approval.

(b) *President's Address.*—The Reference Committee extends commendation to the President for his address, and wishes to accent his thought on the continued threat of socialized medicine. The Reference Committee recommends approval.

(c) *President-elect's Address.*—The Reference Committee, in reviewing Dr. Baker's address, is wholly in accord with its theme, and wishes to emphasize his remarks in regard to the poor distribution of activity among the 5,000-odd members of the Michigan State Medical Society. It is suggested by the Reference Committee that the delegates of this House attempt to instill more interest among its less active members by urging responsibility in active participation.

(d) *Report of the Delegates to the AMA.*—The report of the delegates to the American Medical Association was reviewed, and the Reference Committee wishes to heartily commend our representative group to the House of Delegates of the AMA for the tremendous amount of work that it has done. The Committee recommends that the report be accepted, with the comment that it hopes the House of Delegates of the Michigan State Medical Society will clarify by resolution at this session the controversy between the apportionment of fees as deemed ethical by the AMA, and the legal opinion as rendered in the report on this question in the annual report of The Council.

(e) *Report of the Woman's Auxiliary to the MSMS.*—The Reference Committee recommends approval (with gratitude) of the report as given by Mrs. W. S. Stinson, President of the Woman's Auxiliary, noting the suggested use of *Today's Health* as office reading material, the great work done in recruiting of nurses, and their contribution to all avenues of health education. In keeping with the Auxiliary's emphasis on community service, we humbly suggest that the Auxiliary might name from their own ranks a "Community Servant of the Year" to be honored along with this Society's Foremost Family Physician at each fall annual session. It is further suggested that The Council make available to the Auxiliary, if possible, some help with the great amount of secretarial work demanded of the officers.

Mr. Speaker, this completes the report of the Reference Committee on Officers' Reports.

I move the acceptance of this report.

O. K. ENGELKE, M.D. (Washtenaw): Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—2. ON REPORTS OF THE COUNCIL, INCLUDING REPORTS OF COMMITTEES OF THE COUNCIL

C. W. COLWELL, M.D. (Genesee): The Reference Committee wishes to commend the work of The Council during the past year, for its untiring efforts in satisfactorily conducting the great amount of Society business, and hereby extends them a vote of appreciation for their services.

It is noted that the membership of the Society has increased again during the past year, and is now at an all-time high of 5,670.

We are pleased that the financial report reflects a situation of soundness in the financial policy and disbursement of funds.

In regard to the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, the Reference Committee wishes to compliment the editor and the Publication Committee for their continuing efforts in making the Michigan State JOURNAL an outstanding publication. We agree with the policy which has been accepted by the Publication Committee relative to keeping the front page of THE JOURNAL free of advertising, and in addition we would also commend the Publication Committee for issuing the Roster Number of THE JOURNAL under separate cover.

We wish to compliment the Public Relations Committee and the Public Relations Department of the Society on the tremendous amount of work which has been accomplished during the past year.

In regard to the Woman's Auxiliary, we specifically wish to commend the President of the Auxiliary, Mrs. W. S. Stinson, for her most excellent and stimulating address to the House of Delegates. We also wish to compliment the Auxiliary as a whole for its progress and help to the medical profession during the past year, as evidenced by a considerable increase in their membership and activities.

Your Reference Committee recommends acceptance of the report on the Beaumont Memorial Restoration, deleting paragraph 3 which reads as follows: "Thanks also are extended to the Wayne County Medical Society's Beaumont Memorial Committee, headed by F. P. Rhoades, M.D., Detroit, for its work in stimulating contributions to the Beaumont Memorial Fund." It was felt by the Reference Committee that other county societies also had participated in similar programs toward the Beaumont Memorial Restoration.

In the annual reports of committees of The Council, your Reference Committee wishes to particularly commend R. W. Teed, M.D., for his committee activity on Courses in Medical Economics and Ethics.

Under matters referred to The Council by the 1953 House of Delegates, the Reference Committee wishes to reiterate the action of the 1953 House of Delegates in relation to the compulsory reporting of venereal disease.

In the recommendation of The Council, Article III, concerning the Beaumont Memorial Restoration Fund, your Reference Committee unanimously wishes to bring to your attention that although 100 per cent of the membership of several county societies have contributed to this worthy cause, the fact remains that only 42 per cent of the total membership of the Michigan State Medical Society have made this voluntary contribution.

Concerning the Supplemental Report of The Council, submitted September 27, 1954, your Reference Committee wishes to report a change in the finances associated with the Beaumont Memorial Restoration Fund. The deficit of $14,479 which had been previously reported has now been reduced by $3,472.93 due to the fact that this amount was mistakenly assessed against the Fund when it should have been deducted from the General Funds of the Society.

Mr. Speaker, I move the adoption of both the original and supplemental reports of The Council as amended, including the specific recommendations, with the exception of the article in the original report, "Needed Amendments to Bylaws" and the "Salk Polio Vaccine" article in the supplemental report which were referred to other committees by the Speaker.

F. W. BASKE, M.D. (Genesee): I second the motion.

F. L. TROOST, M.D. (Ingham): Mr. Speaker, last year the question of the study of the Basic Science Act was handled by a special study committee. This year I see it in the reports of The Council. I am no longer a member of that committee by my own volition, and I would be interested in knowing what results have been obtained by the amendment passed at the last legislature.

THE SPEAKER: I might just quickly read for you comparative figures supplied by the Basic Science Board.

These are certified by waiver through August 27 of this year, and there are only three or four applications

pending: As compared with 1953, doctors of medicine from the following states: Arkansas, Colorado, Minnesota, Nebraska, Iowa, Oklahoma, Texas, South Dakota, Rhode Island and Tennessee in 1953 totaled nine physicians certified by waiver as against forty-five physicians in 1954. That is five times as many.

Osteopaths certified by waiver in 1953 were fifty-nine; in 1954 there were forty to date.

Chiropractors certified by waiver: 1953, fourteen, as against three so far this year.

Does that answer your question? (The answer was "yes.")

The motion to approve the report of The Council with the two deletions mentioned was carried unanimously.

XIII—3. ON REPORTS OF STANDING COMMITTEES

XIII—3(a). POSTGRADUATE MEDICAL EDUCATION

D. W. THORUP, M.D.: Mr. Speaker, first is the annual report of the Committee on Postgraduate Education. In reviewing this report, the Reference Committee wishes to express its approval of the subject material presented in both the extramural and intramural programs. Appreciation of the contribution from the teaching standpoint is expressed to those men who gave generously of their time and energy in this program.

The example set by the doctors of the Upper Peninsula, where 80 per cent of the practicing physicians attended the fall and spring meetings, is noteworthy and should serve as a stimulating example to the remainder of the State.

The Reference Committee wishes to echo the sentiment expressed by the Committee on Postgraduate Medical Education with regard to the loss in the passing of Dr. Edward D. Spalding.

The Reference Committee recommends the adoption of this report as presented in the Handbook.

Mr. Speaker, I so move.

F. W. BASKE, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—3(b). PREVENTIVE MEDICINE COMMITTEE AND ITS SUBCOMMITTEES

The disposition of the report of this Committee is deferred until after consideration of the reports of the various subcommittees.

Annual report of the Committee on *Rheumatic Fever Control:* The report of this Committee was approved as printed in the Handbook, and the Committee is congratulated for its activity.

I move the adoption of this report.

S. L. LOUPEE, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

D. W. THORUP, M.D.: The annual report of the *Maternal Health Committee:* The Maternal Health Committee has been increasingly active, and we wish to express approval of the program set forth, by means of which each county medical society will be assisted in the presentation of programs dealing with the problem of maternal health. The continuation of the maternal health study as outlined in this report is recommended. The report of this Committee as printed in the Handbook is approved.

I move its adoption.

L. F. HAYES, M.D.: I second it.

(The motion was put to a vote and was carried unanimously.)

D. W. THORUP, M.D.: Annual report of the *Venereal Disease Control* Committee: The Reference Committee discussed at some length the proposal regarding substitution of 1 per cent penicillin ointment in place of 1 per cent silver nitrate as a prophylactic for the prevention of gonorrheal ophthalmia neonatorum.

Motion regarding modification of the premarital examination certificates to read, "In my opinion, the patient is free of syphilis, gonorrhea and chancroid" in place of the present wording of "venereal disease" is wholeheartedly approved by the Reference Committee.

The Reference Committee approves this report as printed in the Handbook and recommends its adoption.

I so move.

E. G. KRIEG, M.D. (Wayne): Second.

(The motion was put to a vote and was carried unanimously.)

D. W. THORUP, M.D.: Annual report of the Committee on *Tuberculosis Control:* The Reference Committee noted with interest the report regarding the increasing number of available empty beds in approved tuberculosis sanatoria in Michigan.

The offer of the Executive Secretary of the Michigan Tuberculosis Association to defray expenses of speakers appearing before county medical groups was noted, and it was felt that additional publicity should be given to this generous offer.

The motion of the Tuberculosis Control Committee with regard to establishment of per diem rates was discussed at some length, and evidence was introduced at the Reference Committee hearing which indicated that further consideration of this motion was needed, in the opinion of the Reference Committee, before approval could be given the motion as printed. The Reference Committee also was influenced in this decision by the fact that two "nay" votes were recorded in the action of the Tuberculosis Control Committee.

The Reference Committee wishes to congratulate the Tuberculosis Control Committee on its activity, and moves the adoption of this report as modified.

G. T. MCKEAN, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: As I understand the motion, Dr. Thorup, it is in effect that this particular matter be referred back to the Committee for further consideration before it is adopted by this House.

The motion as presented in the House should be reconsidered before it is approved by this House of Delegates; correct?

(The motion was put to a vote and was carried unanimously.)

D. W. THORUP, M.D.: Annual report of the Committee on *Industrial Health:* The interest of this Committee in closer relationship between personnel departments of industry and the practicing physician drew favorable comment from the Reference Committee. The Reference Committee moves the adoption of this report as printed in the Handbook.

Annual report of the Committee on *Mental Hygiene:* Approval of the establishment of a mental screening board was expressed by the Reference Committee. Further exploration of the problem of psychotherapy by nonmedical persons, as discussed in the Committee report, is recommended. The report of this Committee is approved by the Reference Committee, and I move its adoption as printed.

Annual report of the *Child Welfare Committee:* This report is approved as printed in the Handbook. It was the feeling of the Reference Committee that a great deal of activity was covered in relatively few words, and that the activities of this important Committee deserve commendation and support. The work of the various subcommittees on school health problems, hearing defects, and ophthalmology, are undoubtedly making great contributions to the welfare of future citizens of the State of Michigan.

I move the adoption of this report as it appears in the Handbook.

Annual report of the *Iodized Salt Committee:* The report of this Committee as it appears in the Handbook was approved by the Reference Committee. Again, it is the feeling of the Reference Committee that a great deal of activity was expressed in relatively few words.

I move the adoption of this report as printed.

Annual report of the *Geriatrics Committee:* The report of this Committee as it appears in the Handbook is approved by the Reference Committee. It was felt that the various contacts made by this Committee, notably that with approved nursing home operators throughout the State, merited approval.

I move the adoption of this report as printed in the Handbook.

Annual report of the *Preventive Medicine Committee:* The reports for the various subcommittees have been reviewed, with one exception, namely, the Cancer Control Committee, whose activity is described under the general report. This report is reviewed and approved.

I move the adoption of the annual report of the Preventive Medicine Committee as modified above, including the reports of the various committees and subcommittees as modified above.

H. J. MEIER, M.D. (Branch): Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—3(c). PUBLIC RELATIONS COMMITTEE

D. W. THORUP, M.D.: In this report it is felt that it is significant to reiterate the statement that much permanent public relations activity must be carried on by county medical societies in the home community and by the doctor of medicine in his own office.

The program of 24-hour medical service as outlined in the Committee report is commendable, and its further extension is recommended.

The Michigan Health Council deserves a vote of confidence and approval in its program of M.D. procurement and placement.

The Michigan Foundation for Medical and Health Education, which supplies loan funds to students, merits the support of the members of the Society.

The program for recruitment of medical assistants, as developed by the Ingham County Medical Society, the Medical Assistants Society and the Michigan Health Council, likewise merits approval. The expenditure for and use of pamphlets meets with the approval of the Reference Committee, as do the television programs, with special reference to the program, "Court of Health."

The activity of this Committee is approved and heartily endorsed by the Reference Committee, and adoption of the report of this Committee is moved.

L. F. HAYES, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—3(d). ETHICS COMMITTEE

D. W. THORUP, M.D.: This report was approved as printed in the Handbook.

I move its adoption.

F. W. BASKE, M.D.: Second.

(The motion was put to a vote and was carried unanimously.)

XIII—3(e). LEGISLATIVE COMMITTEE

D. W. THORUP, M.D.: The vigilance and guidance of this Committee in the matters brought before the State legislature is remarkable. No legislation was passed which was not approved by this Committee. The Reference Committee expresses its gratitude to the members of this Committee, and recommends the active support of each member of the House of Delegates and all members of the State Society to the activities of this Committee. The report as printed in the Handbook is approved.

I move its adoption.

R. W. TEED, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—4. ON REPORTS OF SPECIAL COMMITTEES

L. C. CARPENTER, M.D. (Kent): Mr. Speaker, this consists of four committee reports. First, the Beaumont Memorial Committee report; this is on page 127 of the Handbook:

XIII—4(a). BEAUMONT MEMORIAL COMMITTEE

Your Reference Committee is fully aware of the tremendous amount of time and effort expended by the Committee, both as individuals and in Committee sessions, and wishes to give the highest praise to the Committee and especially its Chairman, Otto O. Beck, M.D., for realizing the completion of this beautiful Memorial.

Your Reference Committee further supports the recommendation of The Council, and urges the individual delegates, upon returning to their respective county societies, to stress the need for further financial support of this project by those who have not made contributions to date.

I move the acceptance of this portion of the report.

H. F. FALLS, M.D. (Washtenaw): Second.

(The motion was put to a vote and was carried unanimously.)

L. C. CARPENTER, M.D.: The second report is that of the Scientific Radio Committee, on page 129 of the Handbook.

XIII—4(b). SCIENTIFIC RADIO COMMITTEE

Your Reference Committee congratulates the Scientific Radio Committee for the thoroughness of coverage and the excellence of the forty programs presented. Your Reference Committee suggests that in the future the names of those doctors participating in the program be printed in the annual report of the Committee so that those individuals can be given credit for their time and effort in making these important programs a success.

I move the acceptance of this portion of the report.

J. M. WELLMAN, M.D. (Ingham): Second the motion.

(The motion was put to a vote and was carried unanimously.)

L. C. CARPENTER, M.D.: The third report was that of the Advisory Committee to the Woman's Auxiliary.

XIII—4(c). ADVISORY COMMITTEE TO WOMAN'S AUXILIARY

Your Reference Committee approves the report of this Committee as printed on page 130 of the Handbook, and wishes to compliment the Auxiliary on the success of its many-faceted program and to give special praise to the organization's competent President, Mrs. Walter S. Stinson.

I move the acceptance of this portion of the report.

C. W. OAKES, M.D. (Huron): Second the motion.

(The motion was put to a vote and was carried unanimously.)

L. C. CARPENTER, M.D.: The fourth report is that of the Advisory Committee to the Michigan State Medical Assistants Society.

XIII—4(d). ADVISORY COMMITTEE TO MSMAS

Your Reference Committee approves the report of this Committee as printed on page 131 of the Handbook, and the supplemental report as presented to the House this afternoon, and wishes to commend the Committee for the role it has played in the expansion of this very important group.

I move the acceptance of this portion of the report.

R. W. TEED, M.D.: Second.

(The motion was put to a vote and was carried unanimously.)

L. C. CARPENTER, M.D.: Mr. Speaker, I move the acceptance of this report of the Reference Committee as a whole.

H. F. FALLS, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—5. ON CONSTITUTION AND BY-LAWS

C. K. HASLEY, M.D. (Wayne): If you will turn to your Handbook on page 141, you will have the chapters which we dealt with. First, Chapter 5 on Membership Classification:

Amendment to Chapter 5, Section 3, which was read by Dr. Johnson, the Reference Committee has adopted. It reads as follows:

XIII—5(a). CHAP. 5, SEC. 3-f

"Chapter 5, Section 3, paragraph (f): An active member, by transfer, for the period of time he is temporarily out of active practice on account of protracted illness, provided his dues are paid for the year previous to the onset of illness."

Mr. Speaker, I move the adoption of this part of the report.

F. W. BASKE, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

C. K. HASLEY, M.D.: The second portion was Chapter 5, Section 3, paragraph (g). It was amended to read as follows:

XIII—5(b). CHAP. 5, SEC. 3-g

"An active member, by transfer, for the period of one year while he is temporarily out of practice on account of postgraduate medical studies. This may be renewed upon petition to The Council at its discretion, provided his membership dues are paid to the end of the preceding calendar year."

Mr. Speaker, I move adoption of this portion of the report.

OTTO O. BECK, M.D. (Oakland): I second the motion.

(The motion was put to a vote and was carried unanimously.)

C. K. HASLEY, M.D.: Chapter 5, Section 4, was amended to read as follows:

XIII—5(c). CHAP. 5, SEC. 4

"A member who has maintained membership in a component county society of this State Society for a period of ten or more years, and having retired from practice, may be transferred to the retired members' roster, provided his membership dues are paid to the end of the preceding calendar year." The balance of this section will remain the same.

Mr. Speaker, I move adoption of this portion of the report.

R. W. TEED, M.D.: Second.

(The motion was put to a vote and was carried unanimously.)

XIII—5(d). CHAP. 5, SEC. 5

C. K. HASLEY, M.D.: The next portion was a proposed amendment to Chapter 5 which the Reference Committee felt was a little bit confusing, and consequently it was rejected. The Reference Committee rejected it because they felt that the interpretation of the paragraphs would be confusing, and this particular portion was already covered by the Bylaws. Consequently, the Reference Committee recommends that Chapter 5, Section 5 stand as now printed in the Handbook.

THE SPEAKER: Are you ready for the question?

(The motion was put to a vote and was carried unanimously.)

XIII—5(e). CHAP. 5, SEC. 8

C. K. HASLEY, M.D. Next is Chapter 5, Section 8. The Committee felt that the words "only active members are eligible to" should be deleted in the beginning of the paragraph, and it is proposed that the paragraph shall start and read: "For retired or life membership, the component county medical society," and so on.

Mr. Speaker, I move the adoption of this portion of the report.

R. W. TEED, M.D.: Second.

(The motion was put to a vote and was carried unanimously.)

XIII—5(f). CHAP. 6, SEC. 6

C. K. HASLEY, M.D.: We recommend the adoption of the proposed amendment to Chapter 6, Section 6, as provided in Section 5, instead of Section 3. This is apparently a typographical error.

XIII—5(g). CHAP. 15, SEC. 2

C. K. HASLEY, M.D.: Chapter 15, Section 2, the committee recommends the proposed addition to Section 2. This section should read as follows: "Any member in arrears after April 1 of each official year shall stand suspended until his name is properly recorded and his dues and assessments for the current year properly remitted, unless his name is to be submitted for election to one of the special memberships listed in Chapter 5 at the next succeeding annual session of the House of Delegates."

XIII—5(h). RESOLUTION RE CHANGE IN NAME OF MENTAL HYGIENE COMMITTEE —CHAP. 10, SEC. 3

C. K. HASLEY, M.D.: Two resolutions were introduced covering a change in name of The Mental Hygiene Committee. It was felt by the Reference Committee that if a composite resolution were drawn and substituted for the two, it probably would be all right. The resolution was changed to the following, which I think is self-explanatory:

"WHEREAS, the American Medical Association designates its committee concerned with mental health and mental hygiene problems as the Committee on Mental Health, and

"WHEREAS, it is in the interests of unity of function and title that similar committees of state medical societies be so designated, and

"WHEREAS, the Mental Hygiene Committee of the Michigan State Medical Society at its meeting of April 21, 1954, adopted a motion to the effect that the name should be changed to the 'Committee on Mental Health,' and

"WHEREAS, this recommendation was referred and approved by the Executive Council of the Michigan State Medical Society on May 9, 1954; therefore, be it

"RESOLVED: That the Bylaws of the Michigan State Medical Society, Chapter X, Section 3, be changed

to read: 'Committee on Mental Health' in lieu of 'Committee on Mental Hygiene.'"

I move adoption of this portion of the report.

P. E. SUTTON, M.D. (Oakland): Second the motion.

(The motion was put to a vote and was carried unanimously.)

C. K. HASLEY, M.D.: Mr. Speaker, at this time I wish to take this opportunity to thank Dr. Foster and Dr. Slagle for helping us in the deliberations of this Reference Committee, and also the Committeemen for the work they have done.

XIII—5(i). CHAP. 8, SEC. 1

C. K. HASLEY, M.D.: *Chapter 8, Section 1:* We recommend the adoption of the amendment as proposed. The revised section should read in part, ". . . one delegate for each fifty voting members, active, life and retired, and one delegate for each additional major fraction thereof."

THE SPEAKER: We will now accept a motion to approve the amendment to Chapter 8, Section 1, as Dr. Hasley has just read it. Is there a second to that motion?

R. A. JOHNSON, M.D.: I second the motion.

(The motion was carried unanimously.)

C. K. HASLEY, M.D.: I move the adoption of the report as a whole.

C. I. OWEN, M.D. (Wayne): Second.

(The motion was put to a vote and was carried unanimously.)

XIII—6. REFERENCE COMMITTEE ON RESOLUTIONS

XIII—6(a). RESOLUTION RE HOSPITAL STAFFS' STUDY OF MHS UTILIZATION

O. J. JOHNSON, M.D.: The resolution introduced by Dr. Reveno of Wayne relative to the appointment of proper utilization of hospital services committees by each participating hospital: The Reference Committee recommends the adoption of this resolution, and I so move.

J. M. WELLMAN, M.D.: Second.

THE SPEAKER: Are you ready to vote on the motion?

(The motion was put to a vote and was lost.)

THE SPEAKER: The motion is lost.

XIII—6(b). RESOLUTION RE EXPANSION OF AMA ADMINISTRATIVE FACILITIES

O. J. JOHNSON, M.D.: The next resolution was relative to the expansion of administrative and fact-finding facilities at AMA headquarters, and the appointment of a committee by the Board of Trustees to study these problems.

Your Reference Committee recommends the adoption of this resolution.

I so move.

E. G. KRIEG, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—6(c). RESOLUTION RE EXTENSION OF MSMS PERIODIC HEALTH APPRAISAL PROGRAM

O. J. JOHNSON, M.D.: The next resolution was relative to the individual members of the House of Delegates stimulating periodic health appraisals. The Reference Committee recommends the adoption of this resolution.

I so move.

A. B. GWINN, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—6(d). RESOLUTION RE PERIODIC HEALTH EXAMINATION BY HOSPITAL STAFFS

O. J. JOHNSON, M.D.: The next resolution was relative to hospital staffs conducting periodical examinations. The Reference Committee recommends that this resolution be referred to The Council for referral to the proper committee for study and report.

I so move.

E. G. KRIEG, M.D.: Second.

(The motion was put to a vote and was carried unanimously.)

XIII—6(e). RESOLUTION RE PUBLIC RELATIONS FUNDS

O. J. JOHNSON, M.D.: The next resolution was relative to the return of 50 per cent of the public relations money paid in by the counties on request. The Reference Committee recommends the disapproval of this resolution, with the following comment:

1. It has not been demonstrated that the need for this amount of money for public relations in the State Society has lessened.

2. Avenues exist for county societies to obtain aid for public relations programs from the Michigan State Medical Society through The Council (see page 73 of the Handbook).

I move the adoption of this portion of the Reference Committee's report.

THE SPEAKER: The motion is to disapprove.

O. B. MCGILLICUDDY, M.D. (Ingham): Second.

(The motion was put to a vote and was carried unanimously.)

O. J. JOHNSON, M.D.: I move the adoption of the report as a whole, as amended.

L. F. HAYES, M.D.: Second.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: Mr. Vice Speaker, will you take the Chair, please.

(Vice Speaker Johnson resumed the Chair.)

XIII—7. ON SPECIAL MEMBERSHIPS

VICE SPEAKER JOHNSON: The report of the *Reference Committee on Special Memberships.*

C. I. OWEN, M.D.: Mr. Chairman and members of the House of Delegates, I will try to shorten this by reading the names of the doctors, the county from which each comes, and the membership to which each is recommended.

XIII—7(a). SPECIAL MEMBERS—M.D.'S

The first is from Ingham County. Dr. Ray A. Pinkham is recommended for retired membership.

Dr. F. L. Rector, now living in Evanston, Illinois, is recommended for retired membership.

Ingham County recommends Dr. A. G. Stanka of Grand Ledge for life membership. He has been in practice over 45 years and is now 75 years of age.

We now have from Wayne County a group of physicians recommended for retired membership. These are physicians who have actually retired from active practice and fulfill all requirements: Dr. Don Bailey; Dr. G. C. Chostner; Dr. Frederick J. Eakins, and Dr. Robert B. Kennedy.

Next is a recommendation from Wayne County for life membership: Drs. Ralph Bookmyer; R. John Hardstaff; David Littlejohn; J. Milton Robb; William S. Summers; Jacob S. Wendel, and C. Stuart Wilson.

The following are recommended for associate members from Wayne County, and these men are temporarily out of practice due to illness or postgraduate medical studies: Drs. Peter M. Agnone; C. A. Cetlinski; I. J. Kurtz; Howard N. Manz; Donald W. Schiff, and Foster D. Scruton.

From Jackson County, Dr. Leland Sargent is recommended for associate membership.

From Jackson County, Dr. Guy Culver is recommended for associate membership.

From Delta-Schoolcraft County Medical Society, Dr. A. H. Miller of Gladstone is recommended for life membership.

From Lapeer County, Dr. Clarence D. Chapin of Columbiaville is recommended for life membership. He has practiced continuously in Lapeer County for fifty years.

Calhoun County: Dr. Wendell H. Stadle is recommended for retired membership.

Calhoun County: Dr. A. M. Giddings of Battle Creek is recommended for life membership.

Calhoun County: Dr. W. B. Lewis of Battle Creek is recommended for life membership.

Ottawa County: Dr. Robert Michmerhuizen, a victim of poliomyelitis, is recommended for a continuation of his associate membership.

St. Clair County: Dr. Charles F. Thomas is recommended for retired membership on account of disabling illness.

Marquette-Alger County: Dr. Frank O. Paull, of Marquette, is recommended for retired membership.

Dickinson-Iron County: Dr. Geron Fredrickson is recommended for retired membership.

Muskegon County: Dr. John Heneveld is recommended for retired membership.

Oakland County: Dr. George C. Hardy of Rochester, Michigan, is recommended for life membership.

Oakland County: Dr. Robert B. Hasner of Royal Oak is recommended for life membership.

Oakland County: Dr. Clarence L. Hathaway of Lake Orion is recommended for life membership.

Saginaw County: Dr. Lloyd A. Campbell and Dr. U. S. Bagley are recommended for retired membership. Both of them have given up the practice of medicine because of ill health.

North Central Medical Society: Dr. F. A. Forney of Gaylord is recommended for life membership.

Mr. Chairman, the Reference Committee recommends the election of the previously named doctors to the respective memberships.

I so move.

F. P. RHOADES, M.D. (Wayne): Second the motion.

(The motion was put to a vote and was carried unanimously.)

C. I. OWEN, M.D.: Mr. Chairman, I would like to say that I believe there are a number of recommendations for memberships that have not yet been put in resolution form and given to me. I think some of the counties believe that all that is required is that they write to the State Medical Society. That is not sufficient.

When you write to the State Society you only put the office on guard. In addition, you must give to me or turn in to the Secretary three copies of the resolutions on the doctors and the type of membership and the circumstance of the case.

I think there are quite a few missing, from what I have seen of the correspondence. If you give them to me tonight or the first thing in the morning, we will work on them.

We now have a recommendation for an honorary membership. This is presented by the Genesee County Medical Society:

XIII—7(b). HONORARY MEMBERSHIP TO DONALD E. JOHNSON

"WHEREAS, Mr. Donald E. Johnson of Flint has rendered distinguished services to medicine in his outstanding work in the lay cancer field, and

"WHEREAS, Mr. Johnson has given unstintingly of his time and resources to further research in cancer, to provide professional and lay education, and to stimulate public interest in the cancer problem, and

"WHEREAS, he has solely financed the Genesee County Annual Cancer Day which after ten years has become one of the outstanding cancer programs in the country, and

"WHEREAS, he has been honored nationally by being given an executive appointment as a Director of the National Research Cancer Center in Bethesda, Maryland, as well as being elected a National Director of the American Cancer Society, and

"WHEREAS, he is an Honorary Member of the Genesee County Medical Society and The Michigan State Medical Society Bylaws, Chapter V, Section 2, provide for Honorary Membership in MSMS; therefore, be it

"RESOLVED: That Mr. Donald E. Johnson be awarded honorary membership in the Michigan State Medical Society."

The Reference Committee recommends the election of Mr. Johnson to honorary membership.

I so move.

L. M. BOGART, M.D.: Second the motion.

(The motion was put to a standing vote, and was carried unanimously.)

C. I. OWEN, M.D.: Mr. Speaker and fellow delegates, we have an application from Dickinson-Iron County Medical Society to grant *Dr. George H. Boyce, of Iron Mountain, Life Membership.* He fulfills all requirements.

We have an application from Washtenaw County, to grant *Dr. William I. Bauer Associate Membership.* We have a whole list of names here from Washtenaw County.

We have an application from Lenawee County to grant *A. P. Rawson, M.D., Non-Resident membership.*

I move these men be granted this membership.

THE SPEAKER: It is moved that the special memberships just read to you be granted.

H. F. FALLS, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

C. I. OWEN, M.D.: Again may I thank the members of the Reference Committee who served me. I also want to thank Dr. Livesay, Dr. Foster and the office staff, who did a lot of work, and especially Bob Roney.

Mr. Chairman, I move the report of the Reference Committee be accepted as a whole.

F. P. RHOADES, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—8. ON LEGISLATION AND PUBLIC RELATIONS

VICE CHAIRMAN JOHNSON: The report of the *Reference Committee* on *Legislation and Public Relations.*

XIII—8(a). RESOLUTION RE TRAFFIC SAFETY

H. J. MEIER, M.D.: Mr. Chairman, the Reference Committee on Legislation and Public Relations reviewed the resolution re traffic safety and present the following amendment thereto:

"WHEREAS, Michigan doctors of medicine have a responsibility for supporting all efforts to prevent sickness and accidents, and

"WHEREAS, the 1953 Michigan traffic toll of 1,925 fatalities and 57,300 persons injured represents a human and economic waste which is intolerable and largely unnecessary, and

"WHEREAS, the Michigan State Safety Commission and the Michigan Traffic Safety Federation have rendered invaluable service in pointing the way toward possible solutions of this problem, and

"WHEREAS, the problem of traffic accident prevention has broad public relations possibilities and that a major effort in the State is being made in the field of traffic safety without an organized program from the doctors of medicine; therefore, be it

"RESOLVED: That this House of Delegates strongly urge the Michigan State Safety Commission and the Michigan Traffic Safety Federation to redouble their

efforts toward creating a lower highway accident rate for Michigan; and be it also

"RESOLVED: That the recommendation of the Michigan Highway Safety Seminar of January, 1954, calling for increased numbers of State police, receive our specific support; and be it also

"RESOLVED: That individual members of the Michigan State Medical Society, by way of the Secretary's Letter, be urged to acquaint themselves with the fact of the presence or absence of driver training programs in the schools of their respective communities and, where such a program does not exist, to strongly urge its initiation; and be it further

"RESOLVED: That the House of Delegates instruct the President of the Michigan State Medical Society to appoint a committee to study traffic accident prevention in the State of Michigan."

Mr. Chairman, I move that the resolution as amended and as just read, be adopted.

L. F. HAYES, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—9. ON HYGIENE AND PUBLIC HEALTH

VICE SPEAKER JOHNSON: **The report of the Reference Committee on Hygiene and Public Health.**

J. G. MOLNER, M.D. (Wayne): Mr. Chairman and members of the House of Delegates:

XIII—9(a). RESOLUTION RE STATEMENT OF COUNCIL ON SALK POLIO VACCINE

The first item which we would like to speak of was a supplemental report by Dr. Bromme this morning, for The Council, entitled, "Statement of The Council, MSMS, on Salk Polio Vaccine." This report was a rather lengthy report. Your Reference Committee considered it very carefully, and unanimously agrees that the Executive Committee of The Council be commended on their stand, and that the report bear the endorsement of this body.

I so move.

F. P. RHOADES, M.D.: Second the motion.

VOICE: What was the stand?

J. G. MOLNER, M.D.: Mr. Chairman, the stand was two pages long. I might brief for you one of the first basic questions which The Council took exception to, or rather the Executive Committee of The Council.

The question was asked, "Is this vaccine safe?" At that particular time no answer was forthcoming from the National Foundation for Infantile Paralysis nor from the National Institute of Health.

The second question was, "Is this vaccine potent?" According to the report of the Executive Committee, there was no answer forthcoming on this; as a matter of fact, in the published report by Dr. Salk it was rather apparent that he himself at that time questioned the potency of the vaccine.

The third basic question was, "Who will accept the responsibility in the event there is an accident in the administration of this vaccine?"

Some time later the National Foundation for Infantile Paralysis said that they had taken out a rather large public liability policy, and they would stand good for any such accidents.

Actually, the Executive Committee felt that the National Foundation for Infantile Paralysis did not feel particularly firm in their belief that the vaccine was absolutely safe by not saying that it was safe, and by taking out this rather large public liability policy.

I might read from the statement: "The Executive Committee was in unanimous agreement. It utilized the informational media of this day to indicate to those who would hear that 'The MSMS will not withhold approval from the experiment on children by mass inoculation of the Salk poliomyelitis vaccine as proposed by the National Foundation for Infantile Paralysis, and we will defer to the decision of the State Health Commissioner."

VICE SPEAKER JOHNSON: Not only as an order of business which is proper, but also out of courtesy to your Vice Speaker, will those who may wish to discuss this motion please step to the nearest microphone and give their name and the county from which they come? Is there further discussion?

F. L. TROOST, M.D.: There is something that I feel called upon to say.

In Dr. Brome's report this morning it was pointed out that in yesterday's meeting of The Council all of The Councilors except one, namely, Dr. Robert Breakey, Councilor of the Second District, approved this action.

I now want to point out to this House that in so doing Dr. Breakey brought forth the sentiments of at least one of the counties of his Councilor District, namely Ingham County.

When the report was made to the people of the State of Michigan, the doctors of Ingham County were greatly upset by the report. A meeting of our Society followed shortly afterward, and three different resolutions were prepared for presentation to The Council. The mildest one was sent.

In that resolution it pointed out that we were disappointed by the indecisive stand of The Council and by the confusion that it had caused in the minds of our people. Many of us received at least fifty calls the following day, and the people said, "What do you doctors stand for?" Many people cancelled their appointments for their children following the calls.

I say in defense of Dr. Breakey's stand that he took the stand taken by his own County Medical Society.

VICE SPEAKER JOHNSON: Is there any further discussion of the motion to approve the Reference Committee's report?

(The motion was put to a vote and was carried.)

XIII—9(b). RESOLUTION RE MIGRANT WORKERS

J. G. MOLNER, M.D.: The resolution submitted by the Ottawa County Medical Society concerning the health and environmental problems of migrant workers. Your Reference Committee begs to call to your attention the fact that a similar resolution was passed by your honorable body in 1953. Further, we beg to call to your attention the fact that E. F. Sladek, M.D., presently heads up a committee, namely, the Migrant Workers' Study Committee, and in view of these facts your Reference Committee makes the following recommendation:

We recommend the adoption of an amended resolution as follows:

"RESOLVED: That every effort be made to explore all possibilities of health screening procedures of all migrant workers—first, and most important, by their employers; secondly, if such procedures fail, that the Committee explore with the State Health Commissioner and the U. S. Public Health Service the possibilities of implementing such screening procedures through legal action."

I move the adoption of this resolution, Mr. Chairman, with the above amendment.

O. K. ENGELKE, M.D.: I second it.

(The motion was put to a vote and was carried unanimously.)

J. G. MOLNER, M.D.: I move the adoption of the report as a whole.

R. W. TEED, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—10. ON MISCELLANEOUS BUSINESS
XIII—10(a). RESOLUTION RE PANEL ON UNDERGRADUATE MEDICAL EDUCATION

O. B. McGILLICUDDY, M.D. Mr. Speaker and delegates, I have a resolution. The Reference Committee changed the "Resolved" slightly, and the resolution now reads as follows:

"WHEREAS, there is a constant growing interest in medical education on the part of our profession and the general public, and

"WHEREAS, there is a continually growing need for more physicians to serve an ever increasing population, and

"WHEREAS, there is great need that we, as physicians, become better informed as to present facilities and future plans for incerase in these facilities to meet this growing need; therefore, be it

"RESOLVED: That The Council of the Michigan State Medical Society arrange with the deans of our two medical schools for a panel discussion on undergraduate medical education. This panel discussion is to be a part of the program of a State meeting of the MSMS at some early future date.

Mr. Speaker, I move the adoption of this resolution.

S. L. LOUPEE, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—11. ON EMERGENCY MEDICAL SERVICE

THE SPEAKER: Report of the Reference Committee on Emergency Medical Service.

XIII—11(a). RESOLUTION RE COUNTY MEDICAL SOCIETY'S RESPONSIBILITY IN MEDICAL CIVIL DEFENSE

C. E. UMPHREY, M.D. (Wayne): Mr. Speaker, this Reference Committee dealt with a resolution from the Wayne County Medical Society. The only changes that were made were in the "Resolved," which I shall read as changed:

"RESOLVED: That this House of Delegates, realizing the urgency, directs each constituent society to assume its responsibility and organize immediately a medical civil defense program in support of the State plan; that each member of The Council accept the responsibility for urging compliance with this resolution."

Your Reference Committee realizes the possibility and gravity of an atomic catastrophe, and wishes to express its appreciation to the Committee on Emergency Medical Service for their valuable contribution.

As Chairman, therefore, I move the adoption of this resolution as amended.

J. E. HAUSER, M.D. (Wayne): Second the motion.

(The motion was put to a vote and was carried unanimously.)

C. E. UMPHREY, M.D.: I move the adoption of the report as a whole.

(The motion was severally seconded, was put to a vote, and was carried unanimously.)

We stand adjourned.

(The meeting adjourned at 10:15 p.m.)

TUESDAY MORNING SESSION

September 28, 1954

The meeting reconvened at 9:50 a.m., J. E. Livesay, M.D., Speaker of the House of Delegates, presiding.

THE SPEAKER: We are aware that many guests will be here with us during this session, and tonight we will try to introduce all those we know to be present. However, this morning Dr. Howard Schriver is with us, from Cincinnati. Dr. Schriver is President of the National Blue Shield Commission.

XIII—SUPPLEMENTAL REPORTS OF REFERENCE COMMITTEES

XIII.—6(f). RESOLUTION RE COMMENDATION OF STATE HEALTH COMMISSIONER

O. J. JOHNSON, M.D.: Mr. Speaker, Dr. McKean introduced a resolution last night relative to Dr. Albert Heustis, State Health Commissioner. After lengthy discussion by visitors and several members of The Council, the Reference Committee wishes to submit this substitute resolution:

"WHEREAS, Albert E. Heustis, M.D., as Commissioner of Health of the State of Michigan, has brought enthusiasm and vigor to the discharge of his duties, and

"WHEREAS, Dr. Heustis has shown by the conduct of his office that the safeguarding of the public health of the people of the State of Michigan will be prosecuted with energy and dispatch; therefore, be it

"RESOLVED: That the House of Delegates of the MSMS extend to Dr. Heustis their hope that his services will continue to be available at the time of his consideration for reappointment."

I move the adoption of this resolution.

L. J. BAILEY, M.D.: Second the motion.

J. R. RODGER, M.D..: May I point out that that resolution will be of no value whatsoever unless a copy is sent to the Governor.

L. J. BAILEY, M.D.: May I reword the amendment: That a copy of this resolution be sent to the Governor of the State of Michigan after January 1, 1955.

R. W. TEED, M.D.: I will second that.

THE SPEAKER: We are now voting on the amendment.

(The amendment was put to a vote and was carried unanimously.)

(The motion as amended was put to a vote and was carried unanimously.)

O. J. JOHNSON, M.D.: Since that was the only business we conducted, this concludes our report.

XIII.—8(b). RESOLUTION RE GREATER UNIFORMITY BY BASIC SCIENCE BOARDS

H. J. MEIER, M.D..: Mr. Speaker, the Reference Committee on Legislation and Public Relations convened with all members present. We reviewed the resolution relative to the basic science question as presentd by Dr. Fryfogle of Wayne County.

Because the Study Committee appointed by The Council has undertaken to answer the problems presented by this resolution, and because information is now available that shows the amendments to the basic science law are accomplishing what they were meant to accomplish, and because it is better to implement this program by painstaking study, our Reference Committee recommends that this resolution be referred to the Special Committee for the Study of Basic Science.

Mr. Speaker, I move the adoption of this report.

E. S. PARMENTER, M.D. (Alpena-Alcona-Presque Isle): I second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—12. ON MEDICAL SERVICE AND PREPAYMENT INSURANCE

OTTO O. BECK, M.D.: Mr. Speaker, your Reference Committee had seven resolutions presented to it. The first resolutions that I shall present deal with the assistant's fee problem. There are two resolutions on this matter, and they were considered together by your Reference Committee.

XIII—12(a). RESOLUTION RE SURGICAL ASSISTANTS' FEES (JOHNSON)

The first resolution by O. J. Johnson, M.D., states:

"RESOLVED: That the House of Delegates of MSMS recommend to Michigan Medical Service that it pay surgical fees to the operating surgeon and to the attending physician who was actually and in person aided in the care of the patient, in amounts as specified by and the fee requested by the operating surgeon."

XIII—12(b). RESOLUTION RE SURGICAL ASSISTANTS' FEES (FENTON)

The other resolution by R. F. Fenton, M.D., stated:

"RESOLVED: That this House of Delegates petition the Medical Blue Shield to consider their action in this regard, and attempt to work out a provision whereby in those hospitals having no or insufficient number of residents and interns, and upon the request of the operating surgeon, a fair and equitable fee shall be paid to the family physician assisting in the case."

The action of the Reference Committee is as follows: Since resolutions No. 9 and No. 11 are in the same tenor, the Reference Committee recommends that both resolutions as presented be rejected, and the substitute resolution which follows, covering the intent of both resolutions Nos. 9 and 11, be adopted by the House of Delegates. The substitute resolution follows:

"RESOLVED: That the House of Delegates of the Michigan State Medical Society recommends to Michigan Medical Service that it develop procedures to pay surgical fees to the operating surgeon and the assisting physician who has actually and in person assisted at the surgical operation on the patient when and if requested by the operating surgeon."

Mr. Speaker, I move that this recommendation be adopted.

W. S. STINSON, M.D. (Bay City): Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII.—12(c). RESOLUTION RE STUDY OF ANESTHESIA FEES BY INSURANCE COMPANIES AND MMS

OTTO O. BECK, M.D.: The next resolution deals with the payment of a fee for anesthetics:

"WHEREAS, more doctors of medicine are devoting time to anesthesiology, and

"WHEREAS, the present fee schedules of the insurance companies for anesthetics in many cases are inadequate for the time and skill involved, and

"WHEREAS, the Michigan Medical Service did not increase their fee for this service with the revision of other fees; therefore, be it

"RESOLVED: That the House of Delegates request of the insurance companies a study of the question of anesthetics, with a view to revising upward the present fee schedules, making them more adequate for the services rendered by doctors of medicine; and be it further

"RESOLVED: That the House of Delegates recommends to Michigan Medical Service that their fees for anesthetics be increased for the same reason."

The action of the Reference Committee is as follows: The Reference Committee recommends that the two "resolveds" regarding revision of the anesthesia fee schedule be disapproved, for the reason that to make such a request from an insurance company would be impractical, but that the second "resolved" be called to the attention of the Medical Advisory Committee to Michigan Medical Service without recommendation.

Mr. Speaker, I move the action of the Reference Committee.

J. R. HEIDENREICH, M.D. (Menominee): I second the motion.

THE SPEAKER: Are you ready for the question?

(The motion was put to a vote and was carried unanimously.)

XIII—12(d). RESOLUTION RE HOME-TOWN MEDICAL CARE PROGRAM (VA)

OTTO O. BECK, M.D.: The next resolution pertains to the veterans care program. The resolution reads as follows:

"WHEREAS, the veterans' care program under the Michigan Medical Service does not become operative until after a request for authorization has been received from the private physician, and

"WHEREAS, the disability is frequently cured prior to receipt of such authorization, and

"WHEREAS, the greatest majority of disabilities are not service-connected and could be financially met by personal means of most such afflicted veterans, and

"WHEREAS, serious chronic disabilities might be better cared for in a veterans' facility; be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society request the Michigan Medical Service to discontinue the veterans' care program."

The action of the Reference Committee was as follows: The Reference Committee recommends that the resolutions requesting the discontinuance of medical service to the veterans' care program be disapproved for the reasons given as follows:

1. The present veterans' plan of Michigan Medical Service care is enthusiastically supported by the veterans' organizations throughout the states, and by a great majority of the veterans involved.

2. Because it is looked upon as a model solution for ambulatory treatment for service-connected disabilities by the Veterans Administration in Washington and has been received with hearty cooperation by a majority of the doctors of the State.

3. Because this program has been a heartening demonstration of the veterans favoring private medical care versus government medical care.

Mr. Speaker, I move the resolution be adopted.

F. W. BASKE, M.D.: Second the motion.

THE SPEAKER: The motion on the floor is to disapprove this motion. Are you ready for the question?

(The motion was put to a vote and was carried, Drs. Teed and Bogart voting "no.")

THE SPEAKER: The resolution is disapproved. The motion was carried.

XIII—12(e). RESOLUTION RE LIBERALIZATION OF BLUE SHIELD BENEFITS

OTTO O. BECK, M.D.: The next resolution states:

"WHEREAS, the development and subsequent improvement of a voluntary health insurance program has been a primary interest of the Michigan State Medical Society, and

"WHEREAS, the broadening of benefits of such a program to include realistic protection against the medical costs of all illness, medical as well as surgical, is an essential in the further improvement of such a program, and

"WHEREAS, consultations are a recognized vital need for the proper care of some hospitalized patients, and

"WHEREAS, services rendered medical patients vary widely with the nature of the medical problems presented, so that unusual time and/or skill may be necessary for their proper care; therefore, be it

"RESOLVED: That the Grand Traverse-Leelanau-Benzie County Medical Society does hereby resolve that a recommendation for the following changes in the benefits of the Michigan Medical Service, the Blue Shield Plan, be respectfully submitted to the House of Delegates of the Michigan State Medical Society at the next annual meeting, for transmittal to the Board of Directors of Michigan Medical Service:

"1. Provision for coverage in total, or part, of medical and/or surgical consultation fees for services necessary for the proper care of hospitalized patients, just as the

plan now covers similar fees for x-rays, laboratory, and pathological consultative services.

"2. Increase of prevailing benefits for medical services to cover unusual services incident to the care of medical cases, on a schedule of benefits that will compensate for the varying amounts of time and skill that are necessary in caring for the various medical problems, just as the schedule of benefits now does for the various surgical procedures."

Your Reference Committee recommends that the resolution be disapproved on the grounds that item 2, covering unusual services, is already provided for by Michigan Medical Service by an appeal to the Medical Advisory Committee of Michigan Medical Service. Second, that the problem of consultants, as to their qualifications and necessity for, and the abuse to which this could be put, has been investigated since the inception of Michigan Medical Service and has been found unacceptable.

Mr. Speaker, I move approval of this report of the Reference Committee.

THE SPEAKER: The motion is to disapprove.

G. T. MCKEAN, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII.—12(f). RESOLUTION RE REVISION OF BLUE SHIELD FEE SCHEDULE

OTTO O. BECK, M.D.: The next resolution:

"WHEREAS, the doctors and hospitals of Michigan have been faced with rising costs for the past several years, and the hospitals have had several increases in their Blue Cross schedules, and

"WHEREAS, the doctors of Michigan have had several adjustments in the fee schedule not commensurate with the general rise in the cost of living and not commensurate with fees paid to doctors by some other insurance companies, and

"WHEREAS, there are inequities in the fee schedule concerning several branches of medicine, including radiology and anesthesia; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society recommend to the Board of Directors of Michigan Medical Service that it study and revise its fee schedule to be consonant with the economic realities of the present time."

The Reference Committee recommends that this resolution be disapproved because (1) the fee schedules are based on income level limits which have not changed since the inception of the plans; (2) an increase in fee schedules would, of necessity, be predicated on the development of another plan on a higher income level; (3) the Hospital Coverage Plan has no income level limits and is based on hospital costs.

Mr. Speaker, I move approval of the recommendation of the Reference Committee.

E. A. OAKES, M.D.: Second the motion.

THE SPEAKER: Is there further discussion of the motion on the floor? Would you like to hear the motion again? The motion is to disapprove. Those in favor will say "aye"; opposed, "no." I believe the "ayes" have it. The motion is carried and the resolution is disapproved.

XIII—12(g). RESOLUTION RE DIVISION OF FEES

OTTO O. BECK, M.D.: The next resolution deals with the legality of the division of fees.

"WHEREAS, there exists considerable confusion regarding (1) legality (2) ethics of division or apportionment of fees which is often called fee-splitting, and

"WHEREAS, the House of Delegates of the American Medical Association at their meeting in San Francisco in June, 1954, adopted the report of the Judicial Council, which deems ethical the practice of combined billing to (1) nonprofit insurance companies; (2) patients who so request, provided that (1) the bills are itemized as to each physician's service and fee, (2) separate checks are rendered in payment, and

"WHEREAS, legal opinion given to the Michigan Medical Service and conveyed to The Council of the Michigan State Medical Society further confuses the issue by stating in paragraph I that apportionment of fees is illegal under the laws of Michigan, but in paragraphs II and III state that plans whereby a surgeon receives a lesser fee for less service or a physician receives compensation for services rendered is not considered apportionment of fees, and

"WHEREAS, the legality of the issue in the State of Michigan seems to depend upon whether the medical fraternity considers the practice ethical; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society, now in session, be allowed to vote, by ballot, without referring the matter to committee, on the following question: 'Is the division of fees considered ethical if the following criteria are observed? (1) The billing is clearly understood by the patient and participating physicians. (2) Is rendered in adequately itemized form. (3) Wherein the apportionment is commensurate with services rendered by each physician, (4) For which payment is rendered separately.' "

The Reference Committee recommends that the resolution be disapproved, as it was based upon a misunderstanding as to the meaning of apportionment versus payment for services actually rendered; and that the Reference Committee recommends that The Council of the Michigan State Medical Society clarify the problem.

Mr. Speaker, I move the adoption of this section of the report.

R. W. TEED, M.D.: Second.

(The motion was put to a vote and was carried unanimously.)

OTTO O. BECK, M.D.: Mr. Speaker, I move the adoption of the report as a whole.

H. J. MEIER, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: I believe there are no other reports of reference committees to be brought in at this time. With your permission, we will revert to item 25, new business. Dr. Owen.

XIV. NEW BUSINESS

XIV—1. CERTIFICATION OF ASSOCIATE MEMBERS

C. I. OWEN, M.D.: Mr. Speaker, little did I realize that a Committee on Special Memberships could get so involved, but in talking it over with the Secretary and the Speaker of the House it was decided to save time in the future at annual meetings we could obviate some of the voting on associate members and that interns or residents can become associate members. Heretofore it has been necessary that this House vote individually on associate members upon recommendation of the county societies.

It is proposed that this formality be dispensed with, and in order to do that the Bylaws must be amended. This is the amendment proposed. This was written hurriedly, and I hope the Reference Committee will polish it up a bit.

If you will turn in your Handbook to the Bylaws, Chapter V, Section 3, part B which deals with interns and residents, we will add one sentence. We are proposing to add one sentence at the end of part B as follows:

"Such intern or resident, when certified to the Michigan State Medical Society Secretary by his component county society as an associate member, becomes an associate member of the Michigan State Medical Society

without action of the House of Delegates, provided the county society files formal application with the State Society Secretary."

This means that in large centers, such as Detroit and Ann Arbor, where there are a large number of interns and residents, all that is necessary is to have the county society write in and say, "We want these men to become associate members." That will save reading 176 names this year.

THE SPEAKER: This will be referred to the Reference Committee on Constitution and Bylaws.

Are there any further resolutions to be presented?

X—23. RESOLUTION RE STUDY BY AMA OF THE GENERAL PRACTICE OF MEDICINE

E. H. FENTON, M.D. (Wayne):

"WHEREAS, (1) the problem of providing sufficient numbers of general physicians is paramount in rendering comprehensive medical care to the American people, and

"WHEREAS, (2) there is evidence that (a) medical students demonstrate less interest in the general practice of medicine as they progress through medical school and internship; (b) problems of hospital staff membership and privileges are intimately related to the dearth of general practice medical personnel; therefore, be it

"RESOLVED: That this House of Delegates instruct its delegates to the American Medical Association to introduce into the House of Delegates of the AMA a resolution calling upon the AMA to initiate an exhaustive study of the whole problem of the general practice of medicine, including (a) its scope and its limitations; (b) the adequacy of preparation for general practice including medical school training, internship and residency training, and its effect on the supply of general physicians; (c) the problems of general physicians in relation to the limitation of their hospital staff privileges or their exclusion from hospitals, and the effect of these practices on the quality of medical care; (d) all other problems related to the general practice of medicine as they affect the quality, cost and adequacy of the medical care of the American people."

THE SPEAKER: This will be referred to the Reference Committee on Resolutions.

X—24. RESOLUTION RE INFORMATION TO CONTRACT HOLDERS BY MHS AND MMS

O. J. JOHNSON, M.D. (Bay):

"WHEREAS, considerable confusion is resulting from the difference between sales propaganda and the word and intent of the policy of Michigan Hospital Service and Michigan Medical Service, and

"WHEREAS, it should devolve upon the insurance companies properly to present the provisions of their policies to prospective policyholders, and

"WHEREAS, the information given out by Michigan Hospital Service and Michigan Medical Service offices does not always answer the questions of the patient and physician satisfactorily, and tends to place the responsibility on the physician, and

"WHEREAS, this lowers the public relations position of the physician and embarrasses him before his patients; therefore, be it

"RESOLVED: That the Michigan State Medical Society House of Delegates recommend that Michigan Hospital Service and Michigan Medical Service clearly explain to present and prospective policyholders the restrictive provisions of the policy; and be it further

"RESOLVED: That Michigan Hospital Service and Michigan Medical Service assume the obligation of defending the provisions in their policies when contested by policyholders."

THE SPEAKER: This will be referred to the Reference Committee on Medical Service and Prepayment Insurance.

(The meeting recessed at 11:10 a.m.)

TUESDAY EVENING SESSION

September 28, 1954

The meeting reconvened at 8:15 p.m., J. E. Livesay, M.D., Speaker of the House of Delegates, presiding.

THE SPEAKER: As you know, this summer the Michigan State Medical Society took great pleasure in dedicating the Beaumont Memorial on Mackinac Island. You have also heard that there is a deficit for this project. We would like to remind you once again that when you go back to your local society you should try to stimulate some interest for voluntary contributions from doctors for this project.

For those of you who were not present and who have not been too close to this matter, we have for you tonight a ten-minute film, the first half of which will be narrated by Mr. Brennaman of our Public Relations Department, the second half of which has sound. It is a film of the actual dedication ceremonies. May I say that the film was made by the University of Michigan in connection with one of their historical film series. It is through their generosity that we are able to show you this film tonight.

(The film was shown.)

THE SPEAKER: We especially want to thank the projectionists for their time in coming here tonight and bringing us this film. I trust that the Beaumont Memorial is a bit more of a reality to you men now than it was before.

We have with us at this session several guests. I don't know how many are in the audience. Is Dr. Vaughan, President of the Illinois State Medical Society, in the room? (No.)

We have with us tonight a gentleman you met this afternoon at another meeting. Dr. Elmer Hess, President-elect of the American Medical Association. *(Applause)*

The aide to the President of the American Medical Association, Mr. Edward Uzemack, of Chicago. *(Applause)*

Dr. A. J. McCarey, President-elect of the Wisconsin State Medical Society. *(Applause)*

Their legal counsel, Mr. Murphy, is out in the lobby.

Earlier at this session you met the men from the Ontario Medical Society.

With us also is Dr. Kenneth W. Toothaker of Lansing, President-elect of the Michigan Academy of General Practice. *(Applause)*

Mr. Tom Hendricks, Secretary of the AMA Council on Medical Service. *(Applause)*

Also, Dr. J. Earl McIntyre, Secretary of the State Board of Registration in Medicine, from Lansing. He is a former Councilor from the Second District. *(Applause)*

We have with us another guest. I would like to ask the Councilor from the Sixth District to come forward with his guest. Dr. Hiscock.

H. H. HISCOCK, M.D.: Mr. Speaker and Members of the House of Delegates:

It is a very great honor for me to present to you this evening your new honorary member. You have heard of all the things he has done in lay cancer work, being honored by the United States Government on the National Research Board, also the national Board of Cancer.

For a number of years he has been head of our State Cancer Society and has done a great deal of work locally. Now, if for no other reason, he gives us honor because of his sponsoring of the Cancer Day program in the Genesee County Medical Society, which has become one of the outstanding cancer programs of the country.

It is a great pleasure for me to present to you Mr. Donald Johnson, honorary member of the Michigan State Medical Society.

The audience arose and applauded.

MR. DONALD JOHNSON (Flint): Dr. Hiscock, Dr. Livesay and Members of the House of Delegates:

This honor is humbly and gratefully received and appreciated. It is a pleasure and a privilege to be associated with the profession that is dedicated to protecting the well and healing the sick. I would also like to be counted in with a group that unhesitatingly challenges all philosophies of living and holds fast only to those that are good.

I am happy to accept this honor tonight, not only for myself but for my associates in the American Cancer Society, whose efforts and support through the years have brought me many rich honors, all of them undeserved.

A word of appreciation goes also to those members of the Genesee County Medical Society, who certainly must have had something to do with this tonight.

Thank you again. *(Applause)*

THE SPEAKER: The next matter of business concerns supplemental reports of reference committees.

XIII-13. REFERENCE COMMITTEE REPORT ON NEW BUSINESS: CERTIFICATION OF ASSOCIATE MEMBERS

C. K. HASLEY, M.D.: We have one resolution to consider. You will recall it was introduced by Dr. Owen. He remarked, "Let's throw it at the Reference Committee and see what they come up with." After a lot of deliberation we have come up with this, and I hope it will be satisfactory.

On page 141 of the Handbook you will find Chapter V, Section 3, paragraph (b). That paragraph will stand as it is, and in addition to that we have added one sentence. We have taken the liberty of changing the former wording, but it has the same context:

"Such intern, resident or teaching fellow may become an associate member of the Michigan State Medical Society without action of the House of Delegates provided he has been certified to the Michigan State Medical Society through formal application to the Michigan State Medical Society Secretary by his component county medical society."

Mr. Speaker, I move the adoption of this report.

C. I. OWEN, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XIII—12(h). RESOLUTION RE STUDY BY AMA OF GENERAL PRACTICE OF MEDICINE

O. J. JOHNSON, M.D.: Mr. Speaker, the following resolution was submitted to our Reference Committee:

"WHEREAS, the problem of providing sufficient numbers of general physicians is paramount in rendering comprehensive medical care to the American people, and

"WHEREAS, there is evidence that (a) medical students demonstrate less interest in the general practice of medicine as they progress through medical school and internship; (b) problems of hospital staff membership and privileges are intimately related to the dearth of general practice medical personnel; therefore, be it

"RESOLVED: That this House of Delegates instruct its delegates to the American Medical Association to introduce into the House of Delegates of the AMA a resolution calling upon the AMA to initiate an exhaustive study of the whole problem of the general practice of medicine, including (a) its scope and its limitations; (b) the adequacy of preparation for general practice, including medical school training, internship and residency training, and its effect on the supply of general physicians; (c) the problems of general physicians in relation to the limitation of their hospital staff privileges or their exclusion from hospitals, and the effect of these practices on the quality of medical care; (d) all other problems related to the general practice of medicine as they affect the quality, cost and adequacy of the medical care of the American people."

The Reference Committee recommends the adoption of this resolution, and I move that the action of the Reference Committee be accepted.

R. W. TEED, M.D.: Second the motion.

O. K. ENGELKE, M.D.: Mr. Speaker, I am in general agreement with this resolution, but one term that prevailed throughout the resolution was "general physician." That is a new name to me. I would like to offer an amendment.

I would like to amend the resolution by changing the term *"general physician"* wherever it is found in this resolution to *"physician in the general practice of medicine."*

I so move, Mr. Speaker.

F. W. SMITH, M.D. (Clinton): Second the amendment.

(The amendment was put to a vote and was carried by a vote of 54 "aye" and 20 "no.")

THE SPEAKER: The motion to amend is carried.

We will now vote on the main motion as amended, the motion to approve the resolution as amended.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: Is there an additional report from the Reference Committee on Legislation and Public Relations?

Is there an additional report from the Committee on Hygiene and Public Health?

XIII—12(i). RESOLUTION RE INFORMATION TO CONTRACT HOLDERS OF MHS AND MMS

OTTO O. BECK, M.D.: Mr. Speaker, a resolution was introduced to the House this morning in reference to Michigan Hospital Service and Michigan Medical Service, as follows:

"WHEREAS, considerable confusion is resulting from the difference between sales propaganda and the word and intent of the policy of Michigan Hospital Service and Michigan Medical Service, and

"WHEREAS, it should devolve upon the companies properly to present the provisions of their policies to prospective policyholders, and

"WHEREAS, the information given out by Michigan Hospital Service and Michigan Medical Service offices does not always answer the questions of the patient and physician satisfactorily, and tends to place the responsibility on the physician, and

"WHEREAS, this lowers the public relations position of the physician and embarrasses him before his patients; therefore, be it

"RESOLVED: That the Michigan State Medical Society House of Delegates recommend that Michigan Hospital Service and Michigan Medical Service clearly explain to present and prospective policyholders the restrictive provisions of the policy; and be it further

"RESOLVED: That Michigan Hospital Service and Michigan Medical Service assume the obligation of defending the provisions in their policies when contested by policyholders."

Your Reference Committee disapproves the resolution as presented because of the inherent difficulty in its implementation; but to conform to the intent of the resoluion, the Reference Committee offers the following:

"WHEREAS, the onus of abuse is often placed upon the doctor unjustifiably because of misunderstanding of the provisions of the contract and the difficulties of interpreting it, and the lack of knowledge of the provisions of the contract by all parties concerned; therefore be it

"RESOLVED: That the attention of Blue Cross and Blue Shield be called to this matter, and that they be requested to use every approach to abate these mistakes; and be it further

"RESOLVED: That The Council of the Michigan State Medical Society be requested to utilize its best offices to effect satisfactory results."

Mr. Speaker, I move the adoption of this report.

E. C. TEXTER, M.D. (Wayne): Second the motion.

(The motion was put to a vote and was carried unanimously.)

XV. ELECTIONS

XV—1. COUNCILOR OF 14TH DISTRICT

THE SPEAKER: We are now ready to proceed with elections. The first to be elected is a Councilor for the Fourteenth District. B. M. Harris, M.D., of Ypsilanti, is the incumbent.

P. S. BARKER, M.D. (Washtenaw): Mr. Speaker and Delegates: It is an honor and a privilege to place in nomination as Councilor from the Fourteenth District a man who has served part of a term as Councilor, filling the unexpired term of Dr. DeTar, to succeed to a new and complete term of five years as Councilor from the Fourteenth District.

Dr. Bradley M. Harris, of Ypsilanti, who, so I am told by members of the Council, has shown much industry and ability in the few years in which he has served as a Councilor, and who, in the opinion of the Washtenaw County Society, richly deserves election to this office. *(Applause)*

D. W. THORUP, M.D.: I move nominations be closed and that the Secretary be instructed to cast the unanimous ballot for Dr. Harris.

R. A. JOHNSON, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: Dr. Harris is elected. The Secretary will cast the ballot.

XV—2. COUNCILOR, 18TH DISTRICT

The next office is for Councilor of the Eighteenth District. Dr. William Bromme of Detroit is the incumbent.

E. A. OSIUS, M.D. (Wayne): Mr. Speaker and members of the House of Delegates, without any flourishes and without any eulogies, because he does not need them, because he is alive and active and working all the time, I nominate Dr. William Bromme to succeed himself. You all know him. He is Chairman of the Executive Committee of The Council.

G. T. MCKEAN, M.D.: I second the nomination.

THE SPEAKER: Are there additional nominations?

J. H. SCHLEMER, M.D. (Wayne): I move nominations be closed and Dr. Bromme be elected.

M. A. DARLING, M.D. (Wayne): Second the motion.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: Dr. Bromme is elected. The Secretary will cast the ballot.

XV.—4. DELEGATES TO AMA

The next election is that of our delegates to the American Medical Association. There are three incumbents—W. D. Barrett, M.D., of Detroit; W. H. Huron, M.D., of Iron Mountain, and R. L. Novy, M.D., of Detroit.

Nominations are now in order.

JOHN T. P. WICKLIFFE, M.D. (Houghton-Baraga-Keweenaw): I would like to place in nomination our good friend from the Upper Peninsula who is doing a good job in the House of Delegates, Bill Huron.

R. A. JOHNSON, M.D.: I second the nomination.

G. C. PENBERTHY, M.D. (Wayne): Mr. Speaker and members of the House, the report of the AMA delegates, given by Dr. Hyland, spoke for itself. That report emphasized the importance of an individual to carry on as a delegate from the State of Michigan, and it is my great pleasure to nominate Dr. Wyman D. Barrett to succeed himself as a delegate to the AMA. He has done a marvelous job, and I am sure our President-elect of the AMA, Dr. Elmer Hess, who is present, will agree with me that Dr. Barrett has done a mighty fine job in the House of Delegates.

I take great pleasure in nominating him to succeed himself.

THE SPEAKER: Are there further nominations?

R. A. JOHNSON, M.D.: Mr. Speaker, I should like the privilege and opportunity of placing in nomination, to succeed himself, another delegate who has served admirably for fifteen years in this House of Delegates in yeoman service in Michigan Medical Service. For more than six years he has also served in the House of Delegates of the American Medical Association, and there he has made a name for himself as an influential and well-thought-of member of that House.

With great humility, and with pride and pleasure, I nominate Robert L. Novy, M.D., of Wayne County, to succeed himself.

THE SPEAKER: Dr. Novy has been nominated. Are there any other nominations?

E. C. TEXTER, M.D.: I second the nomination of Dr. Novy.

W. W. BABCOCK, M.D. (Wayne): Mr. Speaker, as an alternate delegate to the American Medical Association, the three names placed in nomination are names of men who have rendered yeoman service. Years of service in the House of Delegates is of value to the State Society. Therefore, I move that nominations be closed and that the three nominees be elected.

G. T. MCKEAN, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: Drs. Barrett, Huron and Novy have been re-elected as delegates to the American Medical Association.

Our Bylaws specify that the election shall be by ballot. However, it seems to me to be unnecessary in this event, because I don't believe there is any seniority established where there are three men elected at one time; am I correct? Thank you.

O. K. ENGELKE, M.D.: Is it necessary to move to sustain the Chair in that decision?

THE SPEAKER: It might help.

O. K. ENGELKE, M.D.: Then I so move.

R. A. JOHNSON, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

XV—5. ALTERNATE DELEGATES TO AMA

THE SPEAKER: We are now ready to proceed with the election of alternate delegates. C. I. Owen, M.D., of Detroit, G. W. Slagle, M.D., of Battle Creek, are incumbents. Dr. E. D. Spalding is deceased. There are three places to be filled. The floor is now open for nominations.

J. R. RODGER, M.D.: Mr. Speaker, two years ago I placed in nomination the name of one of the young men in The Council. He has since distinguished himself with good work in the delegation from Michigan to the American Medical Association.

I am proud to place before you the name of Dr. G. W. Slagle of Battle Creek to succeed himself.

J. P. MARKEY, M.D. (Saginaw): I second that nomination.

M. A. DARLING, M.D.: It is no secret to this House that action cut down the life of a man who was very active in this organization as parliamentarian and known to all. Tonight we choose a man to finish his unexpired term.

The Wayne delegation would like to present the name of a man who has long served us ably and well. He has been President of the Wayne County Medical Society. He has occupied chairmanships in the General Practice Section of the American Medical Association.

I take great pleasure in nominating Dr. Arch Walls, of Detroit, to fill the unexpired term of Dr. Spalding.

THE SPEAKER: Dr. Walls has been nominated.

G. T. MCKEAN, M.D.: I am very happy to place in nomination the name of Dr. C. I. Owen, of Detroit, on behalf of the Wayne delegation.

THE SPEAKER: Dr. Owen has been nominated.

W. L. BROSIUS, M.D. (Wayne): I second the nomination.

O. J. JOHNSON, M.D. (Bay): I wish to take this opportunity to place in nomination the name of Dr. John Rodger, of Northern Michigan, who has been very active in this House of Delegates, and who has shown that he has the interests of the medical profession and particularly the Michigan State Medical Society at heart at all times. I am sure you are fully aware of the work that he has done, and I feel he would very capably fill the position as alternate delegate to the American Medical Association.

THE SPEAKER: Dr. Rodger has been nominated. Are there further nominations?

J. H. SCHLEMER, M.D.: Mr. Speaker, I move that nominations be closed.

(The motion was severally seconded, was put to a vote, and was carried unanimously.)

THE SPEAKER: We now have four names to vote on for alternate delegates to the AMA.

THE SPEAKER: Please take the second ballot in your Handbook. Vote for three of the four names, placing your first choice at the top of the list, then the second and third. Seniority is determined in that way.

I would like to appoint as tellers Dr. Darling, Dr. Schlemer, Dr. McKean and Dr. Teed.

(Balloting.)

THE SPEAKER: If there is no objection, we will proceed with the next order of business while the tellers are counting the votes.

XV.—6. PRESIDENT-ELECT

We will proceed with the election of a President-elect.

J. R. HEIDENREICH, M.D.: I now have an honor which probably will come to me only once in my lifetime. Coming from the Upper Peninsula, it has been almost twenty-five years since we have had a man nominated for President-elect from that area. We have in our community a gentleman, a doctor, and a humanitarian. He is deeply respected by all his associates in his own area and throughout the State. He has been one of the leaders in organized medicine in the State. For many years he carried the torch of organized medicine in our local county. He was Secretary of the Society for fifteen years, and during most of those years he was also a member of this House.

Six years ago in this very room he was elected to The Council from our District, and for the past several years he has served on the Executive Committee of The Council as Chairman of the Finance Committee; he has taken good care of our finances, and has been very largely responsible for our home in Lansing.

I wish to present the name of Dr. William S. Jones, of Menominee, Michigan, as President-elect. *(Applause)*

THE SPEAKER: Dr. Jones has been nominated.

G. C. PENBERTHY, M.D.: I second the nomination.

E. A. OSIUS, M.D.: The "triumverate" would like to second it, also.

G. C. PENBERTHY, M.D.: I move nominations be closed.

L. F. HAYES, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: Congratulations, Dr. Jones. Will you please come forward?

(The audience arose and applauded.)

WILLIAM S. JONES, M.D. (Menominee): Thank you very much, gentlemen.

THE SPEAKER: Congratulations, Dr. Jones. Dr. Jones tells me that with this election he is relinquishing his position on The Council, which creates a vacancy in the Thirteenth District. There is an unexpired term of four years, I believe, which is to be filled.

The floor is now open for nominations for Councilor from the Thirteenth District.

XV—3. COUNCILOR, 13TH DISTRICT

W. H. HURON, M.D. (Dickinson-Iron): I would like to place in nomination the name of a man who has been a member of the House of Delegates for a number of years. Dr. John T. P. Wickliffe, of Calumet.

G. C. PENBERTHY, M.D.: May I support that nomination.

J. R. HEIDENREICH, M.D.: I move nominations be closed.

(The motion was severally seconded, was put to a vote, and was carried unanimously.)

THE SPEAKER: Dr. Wickliffe is declared elected.

The Vice Speaker will please take the Chair.

(K. H. Johnson, M.D., assumed the Chair.)

XV—7. SPEAKER OF THE HOUSE OF DELEGATES

CHAIRMAN JOHNSON: Gentlemen, nominations are now in order for Speaker of the House of Delegates.

C. W. COLWELL, M.D.: The man I would like to propose as Speaker of the House needs no introduction. He has been speaking to us for the last two days. I would like to propose the name of J. E. Livesay, M.D., to succeed himself.

E. A. OSIUS, M.D.: I move that nominations be closed and that the Secretary cast the unanimous ballot for Dr. Livesay.

(The motion was severally seconded, was put to a vote, and was carried unanimously.)

CHAIRMAN JOHNSON: Dr. Livesay is elected as Speaker of the House for the ensuing year. *(Applause)*

(The Speaker resumed the Chair.)

XV—8. VICE SPEAKER OF THE HOUSE OF DELEGATES

THE SPEAKER: Thank you very much, gentlemen. It is a real pleasure. It is also a real pleasure to be associated with the men who make up your Council and Executive Committee as we do the work of the Society throughout the year.

The floor is now open for nominations for Vice Speaker of the House of Delegates.

O. B. MCGILLICUDDY, M.D.: Mr. Speaker, I would like to nominate Dr. K. H. Johnson.

R. F. FENTON, M.D.: I second that.

F. D. JOHNSON, M.D. (Genesee): I move nominations be closed.

(The motion was severally seconded, was put to a vote, and was carried unanimously.)

THE SPEAKER: Dr. Johnson is declared elected. *(Applause)*. Dr. Johnson hasn't had a chance to say much tonight, so I will ask him to say a few words now.

K. H. JOHNSON, M.D.: All I can say is that I have heard all sorts of comments—"Vice Speaker" and "Speaker of Vice" and so on. I don't care—I'm looking for more of it.

W. A. SCOTT, M.D. (Kalamazoo): Mr. Speaker, I wish to move that the House commend the Speaker and the Vice Speaker for the manner in which they have conducted the House of Delegates meeting.

(Cries of "Support!")

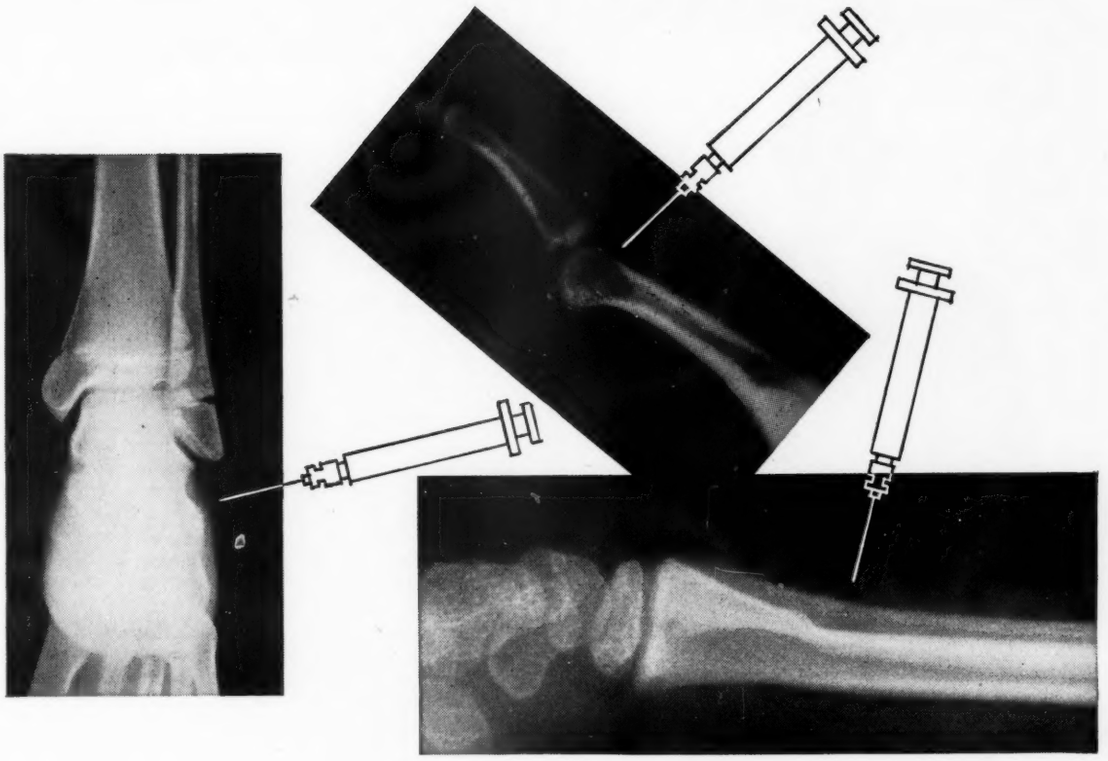
THE SPEAKER: Thank you very much, gentlemen.

(The audience arose and applauded.)

THE SPEAKER: We certainly thank all of you for your kind expression.

Perhaps this is the time to say what I had in mind to say anyway. I have been told so many times during the last two days how smoothly this particular session has gone. I assure you that we do not take any credit for that. I think two factors are responsible. One is

(Continued on Page 1437)



Use of Alidase® in Closed Wounds: Contusions, Sprains, Dislocations, Simple Fractures

In traumatic surgery[1] *where "definitive treatment . . . is often delayed while the surgeon waits for nature to dispose of hematoma and oedema" Alidase is an efficient means*[1, 2] *of accelerating dispersion of accumulated fluids.*

Swenson[2] has described his highly successful results with Alidase in various types of closed wounds. He summarized them as follows:

To remove local fluid accumulations in contusions or bruises, "The usual dose, 500 viscosity units Alidase® mixed in a small amount of normal saline, is injected into the localized fluid. Mixing the hyaluronidase in 1 per cent procaine solution will also produce local vasodilatation, relief of local pain and more rapid absorption of the fluid mass. This method can also be applied to traumatized bursae or synovial spaces which do not respond to repeated aspirations."

The point of maximal pain is infiltrated with 10 cc. of a 1 per cent procaine solution to which 500 viscosity units of Alidase have been added. With this simple technic, a high percentage of successful results has been obtained.

Alidase may be used to advantage to produce more rapidly a short-acting, complete block anesthesia and to facilitate reduction in subluxation or complete dislocations of the interphalangeal joints. When anesthesia is required for fracture reduction, local block anesthesia can be simplified by adding Alidase to the anesthetic solution. Alidase also tends to decrease local edema and hematoma formation.

Fluids administered with Alidase are rapidly absorbed from subcutaneous tissue. The simplicity of hypodermoclysis avoids the cumbersome arm board, permits convenient administration with little or no pain or swelling, is vein-sparing and saves nursing time in such conditions as burns, postoperative states, toxemias and parenteral alimentation.

Alidase (brand of hyaluronidase) is supplied in serum-type ampuls of 500 viscosity units. It is accepted by the Council on Pharmacy and Chemistry of the American Medical Association. G. D. Searle & Co., Research in the Service of Medicine.

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1. MacAusland, W. R., Jr.; Gartland, J. J., and Hallock, H.: The Use of Hyaluronidase in Orthopaedic Surgery, J. Bone & Joint Surg. *35-A*:604 (July) 1953.
2. Swenson, S. A., Jr.: Minor Surgical Aspects of Closed Wounds, Am. J. Surg. *87*:384 (March) 1954.

Legal Opinions

William J. Burns, Executive Director
Michigan State Medical Society
Lansing 15, Michigan

Dear Mr. Burns:

You have referred to me for opinion the following question: what is the legal status of artificial insemination of the human by a donor other than the husband?

Artificial insemination of the human has no established legal status in any state of the union. As far as may be determined, there are no statutes of any kind bearing directly on the subject, nor have there been any reported cases in this country squarely resolving any of the important legal problems which may arise from such a procedure. The few reported cases touching on the subject cannot be regarded as determining any of the major legal consequences of artificial insemination by a donor. Reference will be made to these few decisions later in the opinion.

Nevertheless, the many implications which arise have been under discussion by doctors, lawyers and sociologists on several occasions. The "British Medical Journal" of May 3, 1947, carried an account of a conference sponsored by the Public Morality Council of England in 1946. The lawyers present at the discussion agreed that questions arising in relation to artificial insemination by a donor other than the husband are troublesome for almost complete lack of authority either in statute or in decisions of courts. However, there was fairly general agreement: (1) that a child produced by means of a donor's semen is illegitimate; (2) that the introduction into a wife's body by unusual means of the seed of a man other than her husband is adultery; (3) that the adulterous character of an act cannot be removed by consent of the other spouse; (4) that a donor commits adultery if his semen is used for artificial insemination; and (5) that the physician who performs the procedure stands on insecure ground and is close to a number of dangerous pitfalls.

There were during the discussion certain hazards and doubtful factors referred to: (1) the law governing the registration of births—if the husband is registered as the father, there may be an infringement of the law, which may subject the husband and the advising and abetting physician to legal difficulties—if the father's name is not stated, the child's illegitimacy is patent to everyone who sees the certificate; and (2) if there is a will or settlement creating an interest in property in favor of the "heirs of the body" of the couple, they may be faced with the alternative of disclosing the child's illegitimacy or of committing a fraud on the person who would benefit in the absence of legitimate offspring.

The same subject was under discussion in 1945 at Chicago during the symposium on medicolegal problems, which is reported at length in a publication by J. B. Lippincott Company under the title "Symposium on Medicolegal Problems Under the Co-Sponsorship of The Institute of Medicine of Chicago and the Chicago Bar Association." Discussion treating the subject and its implications is to be found at pages 43 to 87 of this report. The participants in the discussion were confronted with the same difficulties that their British counterparts faced in the conference referred to above, that is, lack of precedent, possible legal hazards to the physician, parents, donor and offspring.

In the case of Russell v. Russell (1924), an English

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case (13 British Ruling Cases 246), the view was expressed that fecundation ab extra is adultery.

In Orford v Orford, a Canadian case, decided in 1921 (49 Ont. Law Reports 15), it was said, but only by way of dictum, that artificial insemination using an extraneous donor could constitute adultery.

On the other hand, in 1945 a case arose in Chicago wherein a husband sought divorce on the grounds of adultery alleging that the child born to his wife was not his. It was found that the child was procured through heterologous artificial insemination. The trial court held that no definition of adultery included artificial insemination. The case did not reach an appellate court, and is therefore not officially reported.

In a New York case, Strnad v Strnad, 78 N.Y.S. (2d) 390 (1948), the plaintiff wife filed a motion to determine the defendant's right to visit the minor child of the parties. The court assumed, in the light of the record and the concessions made by the defendant, that the plaintiff was artificially inseminated with the defendant's consent and that the child is not of the blood of the defendant.

The court held that the child was not illegitimate, but refused to pass on the legal consequences insofar as property rights are concerned and would not express an opinion on the propriety of procreation by the medium of artificial insemination on the ground that the latter problem, particularly, is in the field of sociology, morality, and religion. However, the defendant was granted the right to visit the minor child, on the theory that the child had been in fact adopted or semi-adopted by the husband.

Due to the uncertainties and hazards which confront the physician participating in heterologous insemination, it has been suggested that certain precautions should be observed.

1. The fact of the husband's sterility should be positively established, using material obtained by testicular puncture as well as that obtained in the usual way.
2. A "pooled" specimen, material from husband and other donor, should if possible be used. There then remains some reasonable legal probability that the husband may be the father—or, at any rate, it would be difficult to prove beyond any reasonable doubt that he is not the father.
3. The identity of the donor should be absolutely concealed from the recipient donee, and that of the recipient donee from the donor. This necessity precludes the utilization of relative or friend as donor.
4. Written permission must be obtained from the donor authorizing the physician to use the semen for artificial insemination in such manner and upon such patient as the physician may solely decide. The written authorization of the donor's wife must be joined to that of the donor in the event that he is married.
5. The consent and authorization of the patient and the patient's husband must be given in writing.

Further discussions of the subject may be found in the "Medicolegal Criminological Review of England" for July-September, 1944, and in the "Journal of the American Medical Association," Vol. 107, No. 19, at page 1531, the latter is an article by Frances I. Seymour, M.D., and Alfred Koerner, M.D., entitled "Medicolegal Aspect of Artificial Insemination."

Very truly yours,
J. JOSEPH HERBERT, *Legal Counsel*

September 20, 1954

In Memoriam

JOHN ALEXANDER, M.D., professor of thoracic surgery at University of Michigan Medical School and chief surgeon at the Michigan State Sanatorium at Howell, died July 16, 1954, in Ann Arbor. Dr. Alexander was sixty-three years old.

Born in Philadelphia, Pennsylvania, he attended the University of Pennsylvania, receiving a B.S. degree in 1912, an M.A. degree in 1913, and an M.D. degree in 1916.

Dr. Alexander served in the Army Medical Corps of both France and the United States during World War I, and took postgraduate medicine at schools in London, Paris, and Berlin.

Dr. Alexander came to the University of Michigan in 1920 as instructor in surgery. He subsequently served as assistant professor and associate professor before acquiring his full professorship in 1932.

Dr. Alexander was the first man to write a book in English on the surgical treatment of tuberculosis, and he was the author of many articles and two textbooks in his specialty.

Dr. Alexander received many professional and academic honors during his career. Among his numerous honors was the Henry Russell Award in 1930, for distinguished scholarship and ability as a teacher. He was a holder of the Trudeau Medal, highest award of the National Tuberculosis Association. He was a member of many national and international medical and surgical organizations.

Dr. Alexander is survived by his widow, Emma; two sisters and a brother.

ELTON P. BILLINGS, M.D., died July 3, 1954, at his home in Grand Rapids, where he had practiced since 1908.

Born in Cedar Rapids, Iowa, Dr. Billings had lived in Grand Rapids since he was eight years old. Following his graduation from Central High School, Grand Rapids, he attended the University of Michigan.

Dr. Billings taught zoology and chemistry in Union High School, Grand Rapids, for six years before returning to medical school at Ann Arbor, where he received his M.D. degree in 1908.

In 1916, Dr. Billings' testimony in a famous murder trial gained nationwide publicity. He helped in the autopsy on the body of John E. Peck, Grand Rapids millionaire, who died while visiting New York. A son-in-law was subsequently executed upon conviction of murder by poison.

Dr. Billings was a life member of MSMS. He was very active in various fraternal organizations.

He is survived by his widow, Ruth, and a son.

ARTHUR GRIGG, M.D., a family physician in Saginaw for 48 years, and a pioneer in the use of radium for treatment of cancer, died July 23, 1954. He was 85 years old.

Born in Brydges, Ontario, Dr. Grigg was graduated from Bellevue Medical College in New York City in 1893. Immediately following his graduation, he moved to Standish where he set up practice in what was then a thriving lumbering community. He moved to Saginaw in 1902, continuing in active practice until 1950.

In recent years, Dr. Grigg was cited as one of the three known doctors of medicine in the United States, who used radium for the treatment of cancer as early as 1907.

Dr. Grigg served on the faculty of Saginaw Medical College from 1896 to 1903.

He was a charter member of the Fifty Year Club of the Michigan State Medical Society, and was an Emeritus Member of MSMS. Dr. Grigg is survived by his son, Arthur P. Grigg, M.D., of Saginaw, and two grandchildren.

HELEN F. PRICE, M.D., who had practiced in Ann Arbor for the past 15 years, died at her home July 9, 1954, at the age of 52.

Dr. Price was known as a general practitioner, and during the years from 1941-1950 she also served half-time on the staff of the University of Michigan Health Service.

Born in LaMonte, Missouri, Dr. Price attended public school there and was graduated from Central College in Fayette, Missouri. She then took advanced study and received a Master's Degree from the University of Missouri and a Ph.D. degree in zoology from the University of Michigan. Thereafter, she attended University of Michigan Medical School.

Dr. Price is survived by three brothers and two sisters.

STEPHEN S. SKRZYCKI, M.D., Mayor of Hamtramck for ten years until 1952, died August 5, 1954, following a long illness. He was 61 years old.

Dr. Skrzycki was born in Buffalo, N. Y., and received his medical education at Temple University, Philadelphia. He served his internship at St. Mary's (now Detroit Memorial) Hospital, and began practice in Hamtramck in 1917. He had been a member of the staff of St. Francis Hospital, Hamtramck, since it was founded. Much of his practice was devoted to obstetrics.

Known best for his political activities, outside of his medical practice, Dr. Skrzycki was also an accomplished violinist and lover of music.

He was a Fellow of the American College of Surgeons

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STEPHAN S. SKRZYCKI

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and was also a member of a number of fraternal organizations.

Surviving are his widow, Ann; a son, Stephan, Jr.; three sisters and three brothers.

MASON E. VROMAN, M.D., who practiced in Port Huron for almost fifty years, died June 22, 1954, at the age of eighty.

Dr. Vroman, a retired member of MSMS, discontinued his practice in 1946. He had established his practice in Port Huron in 1907, three years after his graduation from the Detroit College of Medicine, predecessor of the present Wayne University College of Medicine.

A native of Muskegon, Dr. Vroman was graduated from Vicksburg High School. After receiving his M.D. degree, he attended the New York Postgraduate School of Medicine, concentrating on diseases of the eye, ear, nose and throat.

He is survived by one son, Charles, of Lakeport, and a sister. His wife died in 1948.

HORACE F. W. WARDEN, M.D., of Detroit, died July 18, 1954, at the age of 65.

Dr. Warden was born in Calcutta, India, the son of a doctor of medicine who served in the 13th Bengal Lancers and became professor of chemistry at Calcutta University. Dr. Warden was a graduate of Cambridge University in London, and studied medicine at St. George's Hospital, London. He served in the British Army during World War I. Receiving a medical discharge, Dr. Warden came to the United States on vacation to recuperate, and eventually ended up by joining the United States Army as a captain in the Medical Corps. Following the war, he practiced in Cumberland, Maryland, for four years before establishing his practice in Detroit.

Dr. Warden is survived by his wife, Eleanor.

WALTER J. WILSON, M.D., well-known Detroit cardiologist, died at the age of 78, following a long illness.

Dr. Wilson was a lifelong resident of Detroit. He was graduated from the Detroit College of Medicine, now Wayne University College of Medicine, in 1897, when he was 21 years old. He served his internship at Harper Hospital.

While in private practice, he held the post of clinical professor of medicine at the Detroit College of Medicine for a number of years.

Dr. Wilson was on the staff of Detroit Memorial and Henry Ford Hospitals. He was a Fellow of the American College of Physicians. He was an Emeritus member of the Michigan State Medical Society.

Surviving are his widow, Amelia; a son, Walter J. Wilson, Jr., M.D.; two daughters, six grandchildren, and three great-grandchildren.

Communications

Dr. Wilfrid Haughey
Editor, Journal, Michigan State Medical Society
Battle Creek, Michigan

Dear Dr. Haughey:

Within a short time, there will probably appear in the dental literature, both locally and nationally, a letter by the foremost research authority in this country on fluorine, Dr. F. J. McClure, National Institute of Health, purporting to discredit my paper on "Medical Evidence Against Fluoridation of Public Water Supplies." In this paper I have pointed to the many flaws in his research, its contradictory evidence and biased conclusions. Although his studies are used as proof that fluorides at 1 part per million concentration added to drinking water are harmless, it is inherent in the nature of his experiments that they do not lend themselves to final conclusions.

His letter actually strengthens my position because his criticism concentrates on minor details which are easy to refute and ignores the core of my argument, namely, the danger of chronic fluorine intoxication from drinking this water. Both his letter and my rebuttal to it, too lengthy to be published in the MICHIGAN STATE MEDICAL JOURNAL, are available upon request through my office.

I have been asked by members of the Society why I am opposing fluoridation. As a physician, I am concerned about its hazards to health; as a scientist, I am startled by the misrepresentations, the misquotations and biased interpretations of the available literature and the ruthless suppression of data unfavorable to this project; as a citizen I am shocked at the methods being used to promote it.

Yours truly,
GEORGE L. WALDBOTT, M.D.

October 21, 1954
Detroit, Michigan

John M. Dorsey, M.D.
Wayne University College of Medicine
1401 Rivard Street
Detroit 7, Michigan

Dear Doctor Dorsey:

We greatly appreciate the article which you sent us, "Upon Considering My Age," which appeared in THE JOURNAL of the Michigan State Medical Society.

It is delightfully written and the subject matter is presented from a wise and philosophical view-point. It is not very often that we run articles outside the strict borders of clinical medicine, but if you should feel inclined to write an editorial, at some time, on similar subject matter for GERIATRICS, we should be most interested in receiving it. We suggest a possible length of 1,000 words.

Sincerely yours,
VIRGINIA L. DUSTIN
Managing Editor, Geriatrics

Minneapolis, Minn.
Oct. 5, 1954

Mr. Hugh W. Brenneman
Public Relations Counsel
Michigan State Medical Society
Lansing, Michigan

Dear Mr. Brenneman:

I want to thank you for your medical associates brochure "In Planning Your Career." I have circulated it among our staff and have referred it to several city agencies. It is the best publication of its kind that I have had the privilege to see.

Sincerely yours,
CHARLES B. FRASHER
Personnel Consultant
American Public Health Association

New York, N. Y.
November 2, 1954

. . . . . NEWS MEDICAL

MICHIGAN AUTHORS

Donald J. Barnes, M.D., Detroit, is the author of an article entitled "Pitfalls and Styles in Infant Feeding," published in the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, July, 1954, a condensation of which appears in *Current Medical Digest,* October, 1954.

Edgar A. Kahn, M.D., Ann Arbor, is the author of an article entitled "Twenty Years Experience With the Surgery of Hypertension," the Presidential Address, presented at the annual meeting of the Harvey Cushing Society, Sante Fe, New Mexico, May 6, 1954. This paper is published in *The New England Journal of Medicine,* October 14, 1954.

Walter M. Whitehouse, M.D., and **Fred J. Hodges, M.D.,** Ann Arbor, are the authors of an article entitled "Evaluation of Urokon as a Cholangiographic Medium: A Preliminary Report," published in the *University of Michigan Medical Bulletin,* September, 1954.

Walter M. Whitehouse, M.D., and **Arthur S. Shufro, M.D.,** Ann Arbor, are the authors of an article entitled "A Preliminary Clinical Evaluation of Acetyl-Telepaque," published in the *University of Michigan Medical Bulletin,* September, 1954.

Vivian Iob, Ph.D., and **Ralph D. Mahon, M.D.,** Ann Arbor, are the authors of an article entitled "Postoperative Response to Small Water Loads: III. Splanchnicectomy," published in the *University of Michigan Medical Bulletin,* September, 1954.

Alfred H. Whittaker, M.D., Detroit, is the author of an article entitled "Open Reduction Treatment of Fractures of the Os Calcis" published in *Industrial Medicine and Surgery,* October, 1954.

Philip J. Howard, M.D., Detroit, is the author of an article entitled "Comparison of the Causes of Stillbirths and Neonatal Deaths," published in the *Henry Ford Hospital Medical Bulletin,* September, 1954.

Julius Stone, M.D., Detroit, formerly of Charleston, West Virginia, is the author of an article entitled "One Year of Mass Blood Testing for Syphilis in West Virginia" published in *The West Virginia Medical Journal,* September, 1954.

Hermann Pinkus, M.D., Detroit, is the author of an article entitled "In Commemoration of the 100th Anniversary of the Birth of Paul Ehrlich" published in *The American Journal of Clinical Pathology,* July, 1954.

Owen S. Hendren, M.D., and **Hermann Pinkus, M.D.,** Detroit, are the authors of an article entitled "Observations on the Reaction of Chronic Inflammatory Dermatoses and of Normal Skin To Varied Concentrations of Thorium X," published in *The Journal of Investigative Dermatology,* June, 1954.

Frederick Stenn, M.D., Chicago, is the author of an article entitled "Medical Maxims of an Internist" published in the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, April, 1954, and an abstract of which appears in the *Current Medical Digest* for September, 1954.

William White, Ph.D., Detroit, is the author of a series of articles entitled "Osler, Part I: Student, Professor, Author," and "Osler, Part II: Johns Hopkins To Oxford," published in September, 1954, and October, 1954, issues of *International Record of Medicine* and *General Practice Clinics.*

Alfred H. Whittaker, M.D., Detroit, is the author of an article entitled "The Beaumont Memorial on Mackinac Island" read at the twenty-seventh annual meeting of the American Association of the History of Medicine at New Haven, Connecticut, May 7, 1954, and published in the *Bulletin of the History of Medicine,* July-August, 1954.

James H. Whittaker, M.D., Detroit, is the author of an article entitled "James T. Whittaker, M.D., of Cincinnati," published in *The Ohio State Medical Journal,* February, 1954.

G. C. Brown, A. S. Rabson, and **J. H. Schieble,** Ann Arbor, and the authors of an article entitled "The Effect of Gamma Globulin on Subclinical Infection in Familial Associates of Poliomyelitis Cases. I. Quantitative Estimation of Fecal Virus," published in the *Journal of Immunology,* July, 1954.

Robert E. L. Berry, M.D., Vivian Iob, Ph.D., and **Paul Hodgson, M.D.,** Ann Arbor, are the authors of an article entitled "Tolerance of Elderly Surgical Patients To Intravenous Dextrose and Water Solutions," read at the Eleventh Annual Meeting of the Central Surgical Association, Detroit, February 19, 1954, and published in AMA *Archives of Surgery,* September, 1954.

Peter C. Trafas, M.D., Long Beach, California, **Ralph E. Carlson, M.D.,** Iron Mountain, **Gerald A. Lo Grippo, M.D.,** and **Conrad R. Lam, M.D.,** Detroit, are the authors of an article entitled "Chemical Sterilization of Arterial Homografts" read at the Eleventh Annual Meeting of the Central Surgical Association, Detroit, February 19, 1954, and published in AMA *Archives of Surgery,* September, 1954.

R. L. Haas, M.D., F.A.C.S., H. B. Latourette, M.D., and **W. M. Whitehouse, M.D.,** Ann Arbor, Michigan are the authors of an article entitled "Clinical Applications of Obstetric Radiology," published in *Surgery, Gynecology and Obstetrics,* October, 1954.

W. Lloyd Kemp, M.D., Birmingham, is the author of an article entitled "Spiritual Strength, Recreation, and

(Continued on Page 1426)

MICHIGAN AUTHORS

(Continued from Page 1424)

Scientific Accomplishment in the Life of a Doctor," published in the *Henry Ford Hospital Medical Bulletin,* September, 1954.

J. L. Dill, M.D., and **D. S. Bolstad, M.D.,** Detroit, are the authors of an article entitled "Glomus Jugularis Tumors: A Report of Four Cases," published in the *Henry Ford Hospital Medical Bulletin,* September, 1954.

J. Martin Miller, M.D., Detroit, is the author of an article entitled "Nodular Goiter and Thyroid Cancer" published in the *Henry Ford Hospital Medical Bulletin,* September, 1954.

John Lyford, III, M.D., Detroit, is the author of an article entitled "Idiopathic Genu Recurvatum As a Cause of Knee Pain Simulating the Internal Derangement Syndrome," published in the *Henry Ford Hospital Medical Bulletin,* September, 1954.

J. P. Pratt, M.D., Detroit, is the author of an article entitled "Aftermath of Abdominal Exploration," published in the *Henry Ford Hospital Medical Bulletin,* September, 1954.

Frank R. Menagh, M.D., Detroit, is the author of an article entitled "The Value of the Treponema Pallida Immobilization Test (T.P.I) in the Diagnosis of Borderline Cases of Syphilis," published in the *Henry Ford Hospital Medical Bulletin,* September, 1954.

William H. Havener, M.D., and **Harold F. Falls, M.D.,** Ann Arbor, are the authors of an article entitled "Oxyphenonium (Antrenyl), A Potent Atropine Substitute," published in the AMA *Archives of Ophthalmology,* October, 1954.

J. C. Leshock, M.D., Lansing, is the author of an article entitled "Hospital Management of Bleeding Emergencies in Gynecology and Obstetrics," read before the Metropolitan Chapter of the American College of Surgeons, John B. Murphy Memorial Hall, April 19, 1954, and published in *The Illinois Medical Journal,* October, 1954.

Sidney Friedlaender, M.D., and **Alex S. Friedlaender, M.D.,** Detroit, are authors of an original article entitled "Effectiveness of a Portable Electrostatic Precipitator in Elimination of Environmental Allergens and Control of Allergic Symptoms" which appeared in *Annals of Allergy,* July-August, 1954.

S. J. Levin, M.D., Detroit, is the author of an original article entitled "Management of the Acute Asthmatic Attack in Childhood" which appeared in *The Pediatric Clinics of North America,* November, 1954.

* * *

A course in Electrocardiographic Interpretation for graduate physicians will be given at the Michael Reese Hospital by Louis N. Katz, M.D., Director of the Cardiovascular Department, Medical Research Institute, and associates. The class will meet each Wednesday from 7:00 to 9:00 p.m. for twelve weeks, beginning February 2.

For information, write Mrs. Ana Rose, Administrative Secretary, Cardiovascular Department, Medical Research Institute, Michael Reese Hospital, Chicago 16, Illinois.

The Annual County Secretaries-Public Relations Conference of MSMS on Sunday, January 30, at the Sheraton-Cadillac Hotel, Detroit, will feature a full day of ammunition for county medical society secretaries and public relations chairmen. Serious consideration of current problems on policies will be treated with a "light touch." Here is the preliminary program:

Morning Session—9:30 A.M.

PUBLIC RELATIONS PROGRAM

LEGISLATIVE FORUM

Expectations and Plans for 1955

"TWENTY-SIX WAYS TO MAKE FRIENDS"
Review, report and prognosis of 26-point program

"HOW TO DO IT"

A dynamic talk on how to sell medical PR by an outstanding sales speaker.

Buffet luncheon—12:30 P.M.
Afternoon Session—2:00 P.M.

COUNTY SECRETARIES PROGRAM

FOUR SKITS AND BUZZ SESSION

(a) Blue Cross utilization
(b) County Society programs
(c) Provident Plan available to all members, including new members
(d) MSMS Periodic Health Appraisal program
(e) PR by the office secretary

PANEL DISCUSSION ON CURRENT TRENDS IN THE PRACTICE OF MEDICINE

Dr. Edward H. Bregman, Chairman of the Arizona Division of the American Cancer Society, has announced the program for the Third Annual Cancer Seminar, to be presented at Paradise Inn in Phoenix, Arizona, on January 13, 14, and 15, 1955.

An outstanding panel of speakers will participate in the program which will concentrate this year on C. A. of the Gastrointestinal Tract, Female Genital Tract, Genitourinary Tract, and Bone Tumors. An Evaluation of present Day Treatment for Cancer of the Breast will be presented, as well as a discussion of the American Cancer Society's study of Smoking Practices in Relation to Health and Cancer. Registrations may be made with American Cancer Society, Arizona Division, 1429 North 1st Street, Phoenix, Arizona.

* * *

The Institute of Industrial Health of the University of Cincinnati will accept applications for a limited number of Fellowships to qualified candidates who wish to pursue a graduate course in preparation for the practice of Industrial Medicine. For information write the Institute of Industrial Health, College of Medicine, Eden and Bethesda, Cincinnati 19, Ohio.

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"How to Adopt a Child in Michigan" is the title of an informative and interesting brochure published by the Michigan Welfare League. For copies, write the League at 482 Hollister Building, Lansing, Michigan.

MEDICAL TELEVISION SHOWS, OVER WJBK-TV

Sponsored by the Michigan Health Council

Oct. 3	Michigan's Foremost Family Physician —1954	Duncan J. McColl, M.D., Port Huron Clarke M. McColl, M.D., Detroit
Oct. 10	Your Medicine Cabinet	Glenn E. Millard, M.D., Detroit
Oct. 17	The Common Cold	Francis P. Rhoades, M.D., Detroit
Oct. 24	Preparation for Surgery	John E. Hauser, M.D., Detroit
Oct. 31	Muscular Dystrophy	Mrs. G. Mennen Williams, Lansing Miss Iride M. Val Massy, Detroit Robert C. Beale, Detroit

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Albert D. Reudemann, M.D., Detroit, is president of the American Society of Ophthalmologic and Otolaryngologic Allergy.

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The Middle Section of the American Laryngological, Rhinological and Otological Society will meet in Detroit, at the Sheraton-Cadillac Hotel, January 24, 1955. The chairman of this meeting is French K. Hansel, M.D., St. Louis.

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The American College of Chest Physicians held its 20th Annual Meeting in San Francisco, June 17-20, 1954. William A. Hudson, M.D., Detroit, was elected President.

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At the Fifty-ninth annual meeting of the American Academy of Ophthalmology and Otolaryngology in New York, September 19 to 24, the following Michigan men were made Life Fellows: Austin F. Burdick, Lansing; Robert H. Fraser, Battle Creek; A. C. Furstenberg, Ann Arbor. The following were made Senior Fellows: Don A. Cohoe, Detroit; Andre John Cortopassi, Saginaw; George C. Hardie, Jackson; Dewey R. Heetderks, Grand Rapids; Oliver B. McGillicuddy, Lansing; Willis A. Potter, Detroit; Elmer L. Whitney, Detroit, and Arthur Paul Wilkinson, Detroit. Dr. A. C. Furstenberg, Ann Arbor, was made president-elect.

The September, 1954, issue of *The Journal of the American Women's Association* carried an article about Dr. Martha Wells Usher, who was number one scholastically in the graduating class of 153 students at the University of Michigan Medical School. Dean A. C. Furstenberg commented "This accomplishment in competition with the vast group of men is indeed outstanding. Only 5 per cent of the class were women."

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Leo H. Bartemeier, M.D., Detroit, read a paper entitled "What Patients Expect of Their Physicians" at the annual meeting of the Wisconsin State Medical Society, on October 4 at Milwaukee, Wisconsin.

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The October, 1954, *Journal of the Florida Medical Association* carries an editorial on the William Beaumont Memorial in which it says: "Behind the dedication of the Beaumont Memorial lies a decade of dreams, plans and work by Michigan doctors of medicine. Consummation of the project now brings to them the praise, the appreciation and the congratulations of their colleagues across the nation."

* * *

John S. DeTar, M.D., Milan, Michigan, presented a paper entitled "The Problems Facing Family Physicians Today" at the annual convention of the Indiana State Medical Association, October 27, 1954 at Indianapolis. This lecture was also presented to the Polk County Medical Society, Des Moines, Iowa, on October 20. An abstract of this talk appears in the *Polk County Medical Bulletin* for October, 1954.

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Announcement of Medical meetings to be held in Europe in 1955:

May 23-26—Sixteenth Anniversary Meeting of International Surgical Congress, Geneva

July 12-14—Ciba Foundation Symposium on Bone Structure and Metabolism, London

July 18-23—Twelfth Congress of the International Association of Psychotechnology, London

July 24-31—Sixteenth Congress of the International Society of Surgery, Copenhagen

Sept. 10-15—World Medical Meeting, Vienna

DOCTOR LOCATIONS—OCTOBER, 1954

Placed by Michigan Health Council:

NAME	OPENS PRACTICE IN	APPROXIMATE DATE	FROM
F. Howard Hague, M.D.	St. Ignace	October 1	Nebraska
Earl Kieffer, M.D.	Kalamazoo	October 1	Dearborn
Assisted by Michigan Health Council:			
Edwin S. Woodworth, M.D.	Howell	September 1	Ann Arbor
Stuart L. Cohn, M.D.	Alpena	October 1	New Jersey
Robert G. Martin, M.D.	Charlevoix	October 1	Cheboygan
Robert Landick, M.D.	Saginaw	October 1	Boston, Massachusetts
Other Locations (from news clippings)			
Charles Stulik, M.D.	Union Pier	September 17	Chicago
Richard B. Michaelson, M.D.	Flint	October	Military Service

Mark Nickerson, M.D., professor in the Medical School of the University of Michigan, was cited by the Clardy Committee of the House of Representatives in Washington at a hearing held in Lansing in May. Dr. Nickerson refused to answer questions about his having been a Communist. He cited the Fifth Amendment. The University had him investigated by a committee of the Medical School, by the President's Advisory committee, and by the Sub-committee on Academic Freedom and Integrity. The result was finally adjuged by the Board of Regents who voted seven to one for dismissal. He is now at the University of Manitoba, Winnipeg, Canada.

* * *

Promotions at University of Michigan.—In the Medical School the following doctors of medicine have been advanced to professor: Harry A. Towsley and Ernest H. Watson, both Pediatrics and Communicable Diseases. Advanced to associate professor are: Jere M. Bauer, Internal Medicine; William C. Baum, Surgery; Winthrop N. Davey, Internal Medicine; Bruce D. Graham, Pediatrics and Communicable Diseases; Gardner M. Riley, Obstetrics and Gynecology. Advanced to assistant professor are: Andrew J. B. Berger, Anatomy; Ronald C. Bishop, Internal Medicine; Robert J. Bolt, Internal Medicine; David G. Dickinson, Pediatrics and Communicable Diseases; Edward F. Domino, Pharmacology; Tommy N. Evans, Obstetrics and Gynecology; Mary O. Halverson, Bacteriology; Paul E. Hodgson, Surgery; Melvine Levine, Physiological Chemistry; Kenneth R. Magee, Neurology; Merle Mason, Biological Chemistry; Donald C. Overy, Internal Medicine and Cardiology; George C. Rinker, Anatomy; Saul Roseman, Biochemistry; Holbrook S. Seltzer, Internal Medicine; Jean H. Webster, Pathology; Walter N. Whitehouse, Radiology.

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Samuel R. M. Reynolds, M.D., chief physiologist of the Department of Embriology of Carnegy Institute of Washington gave four lectures under the auspices of the Detroit Receiving Hospital and the Wayne University College of Medicine on November 11, and 12, 1954, constituting an exposition of his most recent researches: "Tokography; Technique and Results; Uterine Forces in Normal and Abnormal Labor;" "Ovarian Vasculature and Ovarian Function;" "Uterine Growth and Vasculature Supply in Pregnancy;" "Psyche Sedatives and Uterine Function; Stimulation of the Uterus in Labor," and "Fetal Distress; Physiologic Factors."

* * *

Hospital and Accident Insurance Companies.—The metropolitan newspapers of October 20, 1954, carried the announcement of action by the chairman of the Federal Trade Commission charging "false and misleading advertising." Seventeen companies were named in the proceedings, which came after a ten-month inquiry into hundreds of complaints. The provisions of the policies were misrepresented.

* * *

The U. S. Supreme Court on October 18 refused to review the constitutionality of the Doctor Draft Act. Action of the court came in denial of a petition for re-

view of the case of Dr. William R. Bertelsen of Neponset, Ill., who is currently performing the duties of a physician as an Army private. Selective Service and Defense Department records show the following: Dr. Bertelsen from August 1944 to December 1945 received medical training under the Navy's V-12 program, then went on inactive status until discharged in 1947. After he went on inactive status he completed medical training at his own expense. In May 1953 he was drafted as a private after declining a commission. He instituted legal proceedings, charging, among other things, that the doctor draft was unconstitutional. It reached the Supreme Court this month. The court gave no reason for its denial of the petition.

* * *

Hill-Burton projects currently total 2,308, at a total cost of $1.8 billion, with a federal share of $625 million. Included are 110,735 hospital beds and 487 health centers. (The new Hill-Burton program, to stimulate construction of other than complete hospitals, is just getting started this year.) . . . A bimonthly report of U. S. Operations Missions (conducted by Foreign Operations Administration) shows health training programs under way in 19 countries of the Near East, South Asia, Africa and the Far East.

* * *

The seventeenth International Congress of Ophthalmology was in three parts. On September 10 to 11, 1954, the meetings were at the University of Montreal and McGill University, in Montreal, Canada. On September 12 to 17, the sessions were at the Waldorf-Astoria Hotel in New York. The following doctors from Michigan took part in the program as indicated:

"The Ocular Manifestations of the Pulseless Syndrome," Raymond A. Pinkham, Ann Arbor;
"Criticisms of the Deturgescence Theory of Corneal Transparency," David G. Cogan, Boston, and V. Everett Kinsey, Detroit;
"The Fixed Cells and Nerves of the Human Cornea," K. Scharenberg, Ann Arbor;
"The Posterior Chamber and Aqueous Humor Dynamics," V. Everett Kinsey and Eric Palm, Detroit;
"The Morphology of the Nervous System of the Striated Muscles of the Human Eye," J. Reimer Wolter, Ann Arbor.

* * *

Dr. John S. DeTar, speaker, American Academy of General Practice—"The problems of attracting, training, and distributing young doctors of medicine in the field of general practice, together with provision of facilities for continuing education, inclusion on hospital staffs with individually appraised privileges, are not problems to be solved solely by the American Academy of General Practice. They are problems for the profession as a whole. It is heartening to witness the many-phased programs of medical educators, the state medical associations, and the American Medical Association focused on attaining these vital ends."—Quoted in AMA Secretary's letter September 13, 1954.

President Eisenhower, in his Denver speech on August 23—"Now, we reject socialization of medicine. We don't believe in it. But we know, and everybody must know, that the U. S. and the people of the U. S. are going to have access to good medical facilities. And we are attempting to bring out a program, and we will bring out a program, that will make this possible. Scientific research will go on. . . . Health reinsurance we're going to put before the Congress again because we must have a means open to every American family so that they can insure themselves cheaply against the possibility of a catastrophe in the medical line."

* * *

Civil Service Commission breakdown of separation of employes from federal jobs in the 13-month period ending last July 1 discloses 53 persons dismissed in the Department of Health, Education, and Welfare for suspected subversion. A federal worker comes under this heading when his personnel file contains "information indicating, in varying degrees, subversive activities, subversive associations, or membership in subversive organizations." Another 131 HEW employes quit during the same period while their cases were under scrutiny. The commission said that included in this group were an undetermined number of employes who resigned without knowing their loyalty or character were being questioned. In all federal agencies, 1,743 were dismissed for subversion. Branches of government reporting no suspected loyalty cases were the Hoover Commission on Organization of the Executive Branch, the Federal Trade Commission, and the National Science Foundation.

* * *

Dr. James C. Sargent, of Milwaukee, chairman of the AMA Council on National Defense since 1947, died suddenly while attending a sectional urological meeting in Detroit on Thursday, October 7, at the age of sixty-two. He complained of chest pains upon awakening in the morning and died shortly thereafter of a heart attack in a Detroit hospital.

Dr. Sargent, who also served as vice chairman of the Health Resources Advisory Committee of the Office of Defense Mobilization, was one of the original members of the AMA Council when it was established in 1945 as the Committee on National Emergency Medical Service.

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The next scheduled examination (Part I) of the American Board of Obstetrics and Gynecology written examination and review of case histories, for all candidates will be held in various cities of the United States, Canada, and military centers outside the continental United States, on Friday, February 4, 1955. Case Abstracts numbering twenty are to be sent by the candidate to the Secretary as soon as possible after receiving notification of eligibility to the Part I written examination.

Additional information may be obtained from the Office of the Secretary, Robert L. Faulkner, M.D., 2105 Adelbert Road, Cleveland 6, Ohio.

Experimental Research into Problems of Aging.—The Trustees of the Ciba Foundation for the Promotion of International Co-operation in Medical and Chemical Research, wishing to encourage well-conceived research relevant to basic problems of aging, invite candidates to submit work in the field for awards for 1954-55.

Details of the conditions may be obtained on application to the undersigned, but in general candidates should note:

(a) Five awards, of an average value of £300 each, are available for the period 1954-1955. The announcement of awards will be made in July, 1955.
(b) Entries must be received by the undersigned not later than 28th February, 1955.
(c) Entries will be judged by an independent international panel of distinguished scientists who will advise the Executive Council of the Foundation on their findings and will also have power to recommend variation in the size and number of the awards according to the standard of entries. The decisions of the Executive Council will be final.
(d) In making the awards preference will be given to younger workers.
(e) The work submitted should be unpublished (but may be under consideration for publication) at the closing date for entries.
(f) The papers may be in the candidate's own language, but a summary in English not exceeding 500 words must be attached.
(g) Where there is one or more co-authors the name of the leading author should be indicated; it is to him that the award will normally be made, and it will be left to his discretion to share this award appropriately with his co-authors.

G. E. W. WOLSTENHOLME,
Director and
Secretary to the Executive Council.

* * *

Fluoridation of water.—In the election just completed the question of fluoridation of drinking water was put up to the voters in several places in the United States. According to the Associated Press

"Communities in scattered areas from coast to coast overwhelmingly turned down proposals to add fluoride to their drinking water systems, the election results show.

"Proponents have claimed fluoride in the drinking water helps combat tooth decay, while opponents say the chemical has not been proven absolutely safe.

"Only at Mountain Home, Ark., did the voters support the fluoridation plan, and by a margin of 290-209. The town will appropriate $2,500 to put the proposal into effect.

"Salem, Ore., voted against putting fluorine in its water, 7,713 to 5,686.

"Meadville, Pa., turned it down 3,696 to 1,146.

"Greensboro, N. C., citizens gave fluoride a turndown by 5,545 to 4,326. The city council recently discontinued fluoridation, started two years ago, until a vote could be taken. The vote is not binding on the council.

"Birmingham, Ala., with returns in from 102 of 112

ballot boxes, decided a long debate on fluoridation by defeating the issue, 11,393 to 7,220.

"Atlantic City, N. J., voters turned down a fluoridation plan by a 3 to 2 margin."

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Fluorine.—Small amounts of fluoride are generally present in plant and animal tissues, especially bones and teeth. No conclusive evidence that fluorides have essential function in nutrition has been adduced. However, extensive evidence indicates that during tooth development controlled intake of fluoride, such as provided by drinking water containing about one part per million, results in substantial protection against dental caries. This practice is recognized as an important public health measure.—*Dairy Council Digest,* November, 1954.

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The Armed Forces Medical Library Catalog, 1950-1954, will be published in the fall of 1955. The six-volume set (about 750 pages per volume) will be published by J. W. Edwards, and is priced at $64 for the set, f.o.b Grand Rapids, Michigan.

The 1950-1954 *Catalog* will supersede the annual volumes for 1950-1953. In addition, it will include the record of cataloging done at the Armed Forces Medical Library in 1954 and a large portion of cataloging completed to date in the History of Medicine Division. All of the information will be presented in two alphabetical arrangements, one for authors and the other for subjects. (The subject index to the 1950 volume will be expanded into a complete subject catalog with full bibliographical information under each entry.)

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The St. Clair County Medical Society held its Tenth Annual Clinic Day in Port Huron on September 17, 1954.

NOTICE

The Michigan Chapter of the American College of Surgeons will meet on March 8, 1955, the day before the Michigan Clinical Institute at the Sheraton-Cadillac Hotel, Detroit, for a day of interesting papers and discussions, as well as a banquet in the evening to renew friendships, and to discuss common problems with your fellow colleagues. A good program is in the making, and we expect to have an outstanding speaker for the evening gathering. Bring yourself, tell your friends, and if you have a deserving resident in your hospital treat him to a pleasant clinical day, as well as a pleasant evening to stimulate and encourage him in his endeavors. We look for a big turnout and a profitable time. Any questions or communications may be addressed to the Secretary-Treasurer, Dr. John Reid Brown, 706 Maccabees Building, Detroit, Michigan.

MOUNT CARMEL MERCY HOSPITAL—SIXTEENTH ANNUAL CLINIC DAY

January 26, 1955

Morning Session—9:00 A.M.

JOHN W. HUFFMAN, M.D.
Associate Professor of Obstetrics and Gynecology, Northwestern University, Chicago, Illinois
"Urogenital Fistula: Diagnosis and Treatment"

ROBERT E. GROSS, M.D.
Ladd Professor of Children's Surgery, Harvard Medical School, Boston, Massachusetts
'Some Pediatric Surgical Problems"

HENRY I. BOCKUS, M.D.
Professor and Chairman, Department of Medicine, University of Pennsylvania, Philadelphia, Penn.
"Functional Disorders of the Digestive Tract"

J. WILLIAM HINTON, M.D.
Professor and Chairman, Department of Surgery, New York University, Post-Graduate Medical School, New York, N. Y.
"Experimental and Clinical Data Determining the Operation of Choice in Duodenal Ulcer"

Luncheon—12:30 P.M.

Compliments of the Sisters of Mercy

GORDON H. SCOTT, PH.D.
Dean, Wayne University, College of Medicine, Detroit, Michigan
"Interpretation of Medical Education"

Afternoon Session—1:45 P.M.

IRVING S. WRIGHT, M.D.
Professor of Clinical Medicine, Cornell University Medical College, New York, N. Y.
"Cerebral Vascular Diseases—Their Significance, Diagnosis and Modern Therapy"

BRADLEY I. COLEY, M.D.
Professor of Clinical Surgery, New York Medical College, New York, N. Y.
"Malignant Transformation Occurring in Benign Lesions of Bone"

CHARLES B. PUESTOW, M.D.
Clinical Professor of Surgery, University of Illinois, College of Medicine and Graduate School, Chicago, Illinois
"Benign Pancreatic Disease"

Scientific Exhibits

"An Exhibit of Unusual and Interesting Cases"

Lawrence Wm. Gardner, M.D., Director of Laboratories, takes pleasure in presenting a pathological review of UNUSUAL AND INTERESTING CASES observed during the past year in our Institution. These entities will be exhibited in easel type view boxes, each containing twelve Kodachrome (5 x 7 inches) transparencies. A portion of the display will consist of stereoscopic Kodachromes.

"The Hemogram in Review"

James G. Wolter, M.D., Associate Director of Laboratories, will present a scientific exhibit in the field of Clinical Hematology to acquaint physicians with the numerous individual tests incorporated in the HEMOGRAM. The development of this type of hematological survey represents another advance in our diagnostic armamentarium. Typical blood disorders will be shown.

"Research Committee Exhibit"

The Research Committee will present the following phases of its work performed during 1954.

The Experimental Surgical Laboratory Projects will include:

1. Metallic oral prosthesic implants (Leon Herschfus, D.D.S.)
2. Hypothermic anesthesia (Sister M. LaSalette, R.S.M.)
3. Surgery of coronary heart disease (James D. Fryfogle, M.D.)
4. Fetal urine formation and its relationship to toxemia. (Harold L. Morris, M.D.)

The Clinical Water Balance Program will be demonstrated by slides and technical demonstrations (E. G. Bovill, M.D. and R. D. Tupper, M.D.).

Two conducted tours of the Physiologic Laboratory and of the Experimental Surgical Laboratories will be given.

The American Medical Education Foundation recently received a gift of $2,000 from the American College of Radiology. The ACR has received two Awards of Merit for outstanding contributions to the AMEF program.

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C. E. Dutchess, M.D., New York (formerly of Michigan), will open private consultant service to Schenley Laboratories and to the drug and chemical industry. After practicing private medicine in Detroit, starting in 1921, he joined the professional service and advertising department of Parke-Davis in 1932, and remained until 1944 when he began his association with Schenley Laboratories.

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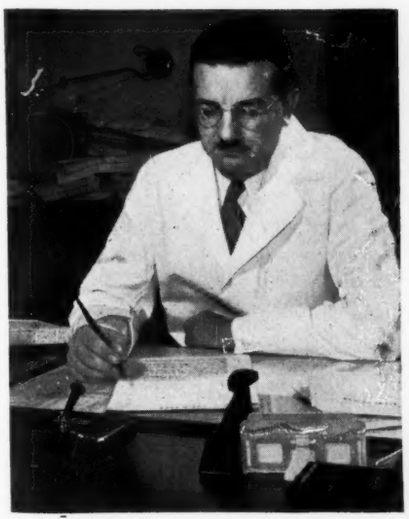
James C. Sargent, M.D., Milwaukee, Wisconsin, Chairman of the Council on National Defense of the American Medical Association, died suddenly of a heart attack while attending a sectional urological meeting in Detroit on October 7.

* * *

The 1955 Easter Seal campaign will open on Thursday, March 10, and continue through Easter Sunday, April 10. In 1954 the Easter Seal Society served 118,445 crippled persons—an increase of 15 per cent over the previous year. Nearly 100,000 of these were children under the age of 21.



C. Allen Payne, M.D., Grand Rapids, will serve as Chairman of Arrangements for the 1955 Annual Session of the Michigan State Medical Society scheduled for the Civic Auditorium - Pantlind Hotel, Grand Rapids, September 28-29-30, 1955.

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At its recent meeting, the **Michigan Academy of General Practice** elected the following Officers: Kenneth W. Toothaker, M.D., Lansing, President; Russell F. Fenton, M.D., Detroit, President-Elect; E. C. Long, M.D., Detroit, Secretary-Treasurer; and Directors F. G. Swartz, M.D., Traverse City and Joseph Hickey, M.D., Detroit. Delegate to the national Academy will be J. S. DeTar, M.D., Milan and Karl L. Swift, M.D., Detroit, is the Alternate.

At the recent meeting of the **American Cancer Society** in New York, L. E. Holly, M.D., Muskegon, was elected Medical Director of Region No. 4; H. M. Nelson, M.D., Detroit, Director at Large; Wm. A. Hyland, M.D., Chairman of the Medical and Scientific Executive Committee and Mr. Don E. Johnson of Flint, Director at Large.

* * *

The University of Michigan and MSMS have joined to sponsor "Gerontology: Medicine's Responsibility to Older People," a special three-day course for doctors of medicine on the University campus January 13, 14 and 15, 1955.

Among the topics to be covered by speakers and group discussion are "What Is Aging?", "Clinical Problems Associated with Aging," "Preventive Geriatrics," and "The Physician's Role in the Community."

Representing MSMS on the Planning Committee are Co-chairman S. C. Wiersma, M.D.; A. Hazen Price, M.D., and F. C. Swartz, M.D. Representing the University are Co-chairman O. T. Mallery, Jr., M.D.; L. Fred Bissell, M.D.; Vlado A. Getting, M.D., and Wilma T. Donahue, Ph.D.

Units within the University participating in sponsorship are the Medical School, Institute of Industrial Health, Post-graduate Medicine, School of Public Health, and Division of Gerontology.

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"Lung Cancer—the Problem of Early Diagnosis" is the title of an important new professional educational film, sponsored by the American Cancer Society and shown for the first time at the ACS convention, October 20, 1954. This film, emhasizing the need for early detection, was produced for the medical profession primarily.

For a copy of this film, write ACS, 47 Beaver Street, New York, New York.

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Albert C. Furstenberg, M.D., Ann Arbor, was named President-Elect of the American Academy of Ophthalmology and Otolaryngology at the recent annual meeting of the Academy held in New York City. Dr. Furstenberg will take office January, 1956.

Dr. Furstenberg, who is Dean of the University of Michigan Medical School, is a native of Michigan and was graduated from the U. of M. in 1915. Rising through the ranks, he became a full professor in 1932 and Dean in 1935. He is a Past President of the American Laryngological, Rhinological and Otological Society (1946), of the American Otological Society (1952), also of the Association of American Medical Colleges (1945) and a present member of the American Board of Otolaryngology.

Congratulations, Dr. Furstenberg!

* * *

Merton Hack, Hack Shoe Company, was re-elected president of the Michigan Shoe Retailers Association at its annual convention in Detroit in November.

The March of Dimes.—For seventeen years the National Foundation for Infantile Paralysis has engaged in a nationwide program to insure that those stricken with poliomyelitis have the best possible medical care.

The National Foundation's patient aid program provides assistance to all poliomyelitis patients who need a helping hand—regardless of race, color or creed. Over $203,000,000 has already been used in this program—money for hospital bills, professional care and needed equipment.

Tens of millions of dollars also have been allocated for basic virology research and research into causes, treatment and prevention of poliomyelitis; plus funds for the professional education of physicians, nurses, physical therapists and other specialists to meet the ever-increasing needs for their services.

More recently, trials of a polio vaccine developed by Dr. Jonas E. Salk were held to test this hoped-for preventive against paralytic poliomyelitis. The evaluation study on this vaccine is being conducted by Dr. Thomas Francis, Jr., of the University of Michigan.

These programs have been made possible only because the American public has wholeheartedly supported the March of Dimes, held every January to raise funds for these and other projects. The need in 1955 is $64,000,000.

DIGEST OF PROCEEDINGS

(Continued from Page 1412)

that there was not much ammunition to get fired up about; more than that, I think we have had some splendid committees this year, who expedited our work with a minimum of effort on the floor. I think your expression also should be directed to them.

At this time I would like to call all of the Past Presidents who are in the room to come forward and be recognized. I don't know how many are here, so I will read the names and ask them to come to the front of the room.

(The Past Presidents in attendance came forward and were recognized.) *(Applause)*

THE SPEAKER: In concluding this session I would like especially to thank all of the staff of the executive office for the hard work they put in—Dr. Foster, Mr. Burns, Bob Roney and their associates, Mr. Brenneman, and the secretarial staff. It was really quite a workout for them, and we appreciate it very much.

Also, once again, many thanks to the fine committees and the chairmen, whose work has made this House of Delegates run so smoothly.

Also, thanks once again to all of you for your help in expediting things on the floor and for your expression of confidence.

Last, but far from least, I want to thank the Vice Speaker for his immense help throughout this session of the House of Delegates.

We now have the result of the balloting. Elected were the following, in order of seniority: G. W. Slagle, M.D., C. I. Owen, M.D., and J. R. Rodger, M.D.

The 89th session of the House of Delegates now stands adjourned.

(The meeting adjourned sine die at 9:50 p.m.)

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column, and this will be deemed by us as full compensation to those sending them. A selection will be made for review, as expedient.

USES OF WINE IN MEDICAL PRACTICE, A Summary. This summary of the uses of wine in medical practice is published by the Wine Advisory Board, an agricultural industry administrative agency established and operating pursuant to the Marketing Order for Wine, issued and made effective under the authority of the California Marketing Act of 1937. San Francisco: Wine Advisory Board.

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NEW AND NONOFFICIAL REMEDIES. Containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1954. Issued under the direction and supervision of the Council on Pharmacy and Chemistry, American Medical Association. Philadelphia, London, Montreal: J. B. Lippincott Company, 1954. Price $2.65.

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ANNUAL REPORT. For the Fiscal Year, September 1, 1952-August 31, 1953 W. K. Kellogg Foundation, Battle Creek, Michigan.

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EPIDEMICS IN COLONIAL AMERICA. By John Duffy. Baton Rouge: Louisiana State University Press. Price $4.50.

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CLINICAL CARDIOLOGY. Edited by Franklin C. Massey, A.B., M.D., Assistant Professor of Medicine, Hahnemann Medical College, Philadelphia, Pennsylvania. Baltimore, Maryland: The Williams & Wilkins Co., 1953. Price $13.50.

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SALT AND THE HEART. By E. T. Yorke, M.D., Attending Cardiologist, Alexian Brothers Hospital; Associate Cardiologist, St. Elizabeth Hospital; Dispensary Physician, Elizabeth General Hospital, Elizabeth, N. J.; Consultant in Medicine, Rahway Hospital, Rahway, New Jersey. Linden, New Jersey: Drapkin Books. Price $3.45.

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SYNOVIAL FLUID CHANGES IN JOINT DISEASE. By Marian W. Ropes, M.D., Associate Physician Massachusetts General Hospital and Assistant Clinical Professor of Medicine, Harvard Medical School, and Walter Bauer, M.D., Chief of Medical Services, Massachusetts General Hospital, Jackson Professor of Clinical Medicine and Director of Robert W. Lovett Memorial Foundation for the Study of Crippling Disease, Harvard Medical School. Published for the Commonwealth Fund. Cambridge: Harvard University Press, 1953.

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THERAPEUTICS IN INTERNAL MEDICINE. By Eighty-four authorities, Edited by Franklin A. Kyser, M.D., F.A.C.P., Assistant Professor of Medicine, Northwestern University Medical School, Chicago; Attending Physician, Evanston Hospital, Evanston, Illinois. Second Edition, completely revised. New York: Hoeber-Harper Book. Price $15.00.

* * *

THE EPIDEMIOLOGY OF HEALTH, A New York Academy of Medicine Book. By Iago Galdston, M.D., editor, Published by Health Education Council, New York, 1953, Minneapolis.

HISTOLOGY. By Arthur Worth Ham, M.B., F.R.S.C., Professor of Anatomy in charge of Histology, in the Faculties of Medicine and Dentistry, University of Toronto, Toronto, Canada. 518 figures, including 7 plates in color. Second Edition. Philadelphia: J. B. Lippincott Co., Price $10.00.

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REHABILITATION OF THE OLDER WORKER. Edited by Wilma Donahue, James Rae, Jr., and Roger B. Perry, with a foreword by Everett J. Soop. Ann Arbor: University of Michigan Press, 1953. Price $3.25.

* * *

DISEASES OF WOMEN. By Robert James Crossen, A.B., M.D., F.A.C.S., Assistant Professor of Clinical Gynecology and Obstetrics, Washington University School of Medicine; Section Head of Unit 1 Obstetrics and Gynecology, St. Louis City Hospital; Assistant Gynecologist and Obstetrician to Barnes Hospital and St. Louis Maternity Hospital; Assistant Gynecologist to St. Louis Children's Hospital, Gynecologist and Obstetrician to St. Luke's Hospital; Member of the American Academy of Obstetrics and Gynecology, Central Association of Obstetricians and Gynecologists, American Radium Society, American Society for the Study of Sterility, International Fertility Association; Diplomate of the American Board of Obstetrics and Gynecology. Tenth Edition. 990 illustrations including 41 in color. St. Louis: The C. V. Mosby Company. Price $18.50.

* * *

THE DEAF AND THEIR PROBLEMS. A study in special education by Kenneth W. Hodgson, M.A. (Cantab). With a Preface by Sir Richard Paget, Bart, Fellow of the Physical Society, et cetera and author of "Human Speech." Price $6.00. New York: Philosophical Library.

This is a remarkable book about the deaf, giving a history of deafness through the ages telling what has been accomplished and giving a very complete description of our modern concept of the deaf child, his recognition and treatment. In this book also is contained the very latest scientific information as to the care of the older person.

There is a section on parents and children, teachers, and one on schools giving very much hope in this problem. The book is well worth reading, not only by otologists, but by every doctor of medicine, especially those dealing with children.

* * *

SMOKING AND CANCER. A Doctor's Report. By Alton Ochsner, M.D. New York: Julian Messner, Inc. Price $2.00.

Dr. Alton Ochsner, a non-smoker, after considering his studies and experience with lung cancer, has written a little book of seventy-two pages which every smoker should read and consider. Evidence is presented that use of tobacco increased susceptibility to not only cancer, but coronary heart disease. There are sixteen chapters, every one stimulating: Smoker's Choice; Smoked Mice and Smoking Men; Smoking and Sex; Smoking; Deadly Accomplice of Heart Disease; You Can Stop Smoking; How Smokers Can Minimize Their Health Risks. The book takes about a couple of hours to read, and is not specified for the lay people, but is non-technical.—W.H.

A PAGE FROM MEDICAL HISTORY

(Continued from Page 1350)

they apparently did not make much headway in the field of medicine. Their life centered around their temples. "Certain of their religious beliefs, echoed in the Bible, have enormously influenced human thought and are still alive today" (University Museum, Philadelphia).

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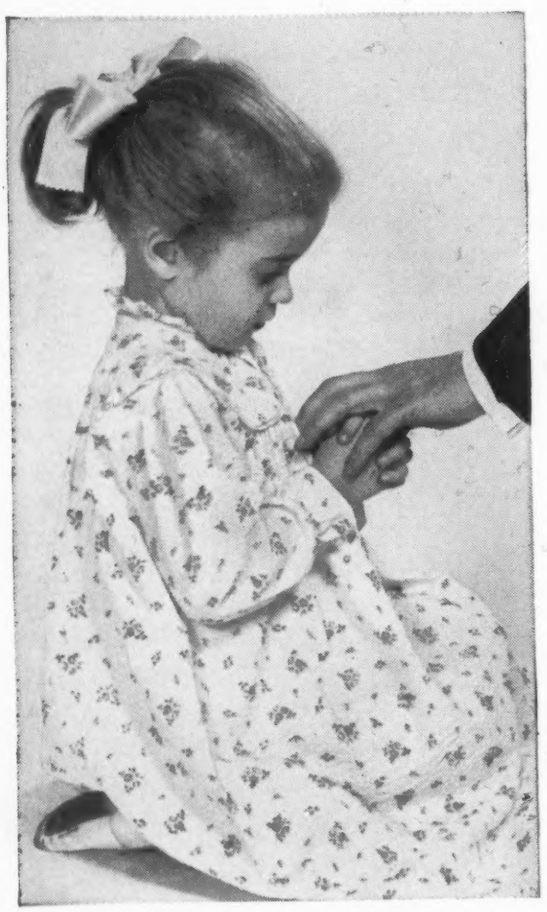

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